

PROVIDER NO. 14-0088 UNIVERSITY OF CHICAGO HOSPITAL
PERIOD FROM 07/01/2008 TO 06/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2009.08
11/23/2009 10:24

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT
CERTIFICATION AND SETTLEMENT SUMMARY

WORKSHEET S
PARTS I & II

INTERMEDIARY [] AUDITED
USE ONLY: [] DESK REVIEWED

DATE RECEIVED 11/29/2005 [XX] INITIAL [] RE-OPENING
INTERMEDIARY NO. [] FINAL [XX] MCR CODE 1

PART I - CERTIFICATION

CHECK
APPLICABLE BOX

XX ELECTRONICALLY FILED COST REPORT
MANUALLY SUBMITTED COST REPORT

DATE: 11/23/2009
TIME: 10:24

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY UNIVERSITY OF CHICAGO HOSPITALS (14-0088) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2008 AND ENDING 06/30/2009, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR Encryption: 11/23/2009 10:24
B64fAPUYUz6AKiEYzFoxhOOSek2E30
vR8Lc0:qjmUfa61ATOHrMxzTHFESnc
YQJY1EPwgB02LNnV

(SIGNED)

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

Vice President for Finance

TITLE

November 23, 2009

DATE

PI Encryption: 11/23/2009 10:24
54bm7fBsBk0GWjh4gnkXj3nIUh6H10
wExOv0n0D6YrxZyZJ:DeQt0RhFLYrf
CreVaP8XSp0yHkFT

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII	TITLE XIX
		PART A	PART B
		2	3
	1		4
1	HOSPITAL		1
2	SUBPROVIDER I	2967293	2
3	SWING BED - SNF		3
4	SWING BED - NF		4
5	SKILLED NURSING FACILITY		5
6	NURSING FACILITY		6
7	HOME HEALTH AGENCY		7
8	OUTPATIENT REHABILITATION PROVIDER		8
9	HEALTH CLINIC		9
100	TOTAL	2967293	-446507

THE ABOVE AMOUNTS REPRESENT 'DUE TO' OR 'DUE FROM' THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED.

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 657 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

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11/24/2009 15:59

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WORKSHEET S
PARTS I & II

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RE-OPENING
MCR CODE 1

PART I - CERTIFICATION

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(SIGNED) _____
OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII	TITLE XIX	
		PART A	PART B	
	1	2	3	4
1	HOSPITAL	2967293	-446507	1
2	SUBPROVIDER I			2
3	SWING BED - SNF			3
4	SWING BED - NF			4
5	SKILLED NURSING FACILITY			5
6	NURSING FACILITY			6
7	HOME HEALTH AGENCY			7
8	OUTPATIENT REHABILITATION PROVIDER			8
9	HEALTH CLINIC			9
100	TOTAL	2967293	-446507	100

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VERSION: 2009.08
11/24/2009 15:59

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 5841 SOUTH MARYLAND AVENUE

P.O.BOX:

1

1.01 CITY: CHICAGO

STATE: IL

ZIP CODE: 60637

COUNTY: COOK

1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:				PROVIDER		DATE		PAYMENT SYSTEM (P,T,O OR N)		
COMPONENT 0	COMPONENT NAME 1	NUMBER 2	CERTIFIED 3	V 4	XVIII 5	XIX 6				
2	HOSPITAL	UNIVERSITY OF CHICAGO HOSPITALS	14-0088	07/01/1996	N	P	O	2		
3	SUBPROVIDER I	UNIVERSITY OF CHICAGO PSYCH UNIT	14-S088	07/01/1984	N	P	N	3		
4	SWING BEDS - SNF							4		
5	SWING BEDS - NF							5		
6	HOSPITAL-BASED SNF							6		
7	HOSPITAL-BASED NF							7		
8	HOSPITAL-BASED OLTC							8		
9	HOSPITAL-BASED HHA							9		
11	SEPARATELY CERTIFIED ASC							11		
12	HOSPITAL-BASED HOSPICE							12		
14	HOSP-BASED RHC							14		
15	OUTPATIENT REHABILITATION PROVID							15		
16	RENAL DIALYSIS	U OF C RENAL DIALYSIS CENTER	14-2310	07/01/1984				16		
17	COST REPORTING PERIOD (MM/DD/YYYY)		FROM: 07/01/2008	TO: 06/30/2009				17		
18	TYPE OF CONTROL		1	2				18		
TYPE OF HOSPITAL/SUBPROVIDER										
19	HOSPITAL		1					19		
20	SUBPROVIDER I		4					20		

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42.412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.							21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106?			YES				21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.							21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.			1	N		N 16974	21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.			1				21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.			1				21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO.			NO				21.06
21.07	DOES THIS HOSPITAL QUALIFY AS AN SCH WITH UNDER 100 BEDS OR FEWER BEDS UNDER MIPPA 147? ENTER 'Y' FOR YES AND 'N' FOR NO (SEE INSTRUCTIONS).			NO				21.07
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?			NO				22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW			YES				23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.					09/01/1977		23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.					05/01/2000		23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.					03/08/1990		23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.					03/28/2008		23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.					07/01/1999		23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.							24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.							24.01
25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?			YES				25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?			YES				25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.			YES				25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.			NO				25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2			NO				25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)			NO		NO		25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)			NO		NO		25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:				26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.				26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:				26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO			27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.				28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st				28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.				28.02
A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)					
28.03	STAFFING	0.00	N		28.03
28.04	RECRUITMENT	0.00	N		28.04
28.05	RETENTION OF EMPLOYEES	0.00	N		28.05
28.06	TRAINING	0.00	N		28.06
28.07	OTHER (SPECIFY)				28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO			29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO			30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.				30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?				30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)				30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.				30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO			31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO			31.01
MISCELLANEOUS COST REPORTING INFORMATION					
32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	NO			32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.	NO			33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?	NO			34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO			35
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL					
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	V 1	XVIII 2	XIX 3	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	NO	36
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?	NO	NO	NO	37.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES	38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO	38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO	38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO	38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO	38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES	40
40.01	NAME:	FI/CONTRACTOR'S NAME:	40.01
40.02	STREET:	P.O.BOX:	40.02
40.03	CITY:	STATE: ZIP CODE:	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES	41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO	43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO	44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO	45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?		45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?		45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?		45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.		46

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COST OR CHARGES, ENTER A 'Y' FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION; ENTER 'N' IF NOT EXEMPT (SEE 42 CFR 413.13).

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC		
	1	2	3	4	5		
47	HOSPITAL	N	N	N	N	47	
48	SUBPROVIDER I	N	N	N	N	48	
49	SKILLED NURSING FACILITY	N	N			49	
50	HOME HEALTH AGENCY	N	N			50	
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?					NO	52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.					NO	52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.						53
53.01	MDH PERIOD:		BEGINNING:	ENDING:		53.01	
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: AND/OR SELF INSURANCE:						54
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.					NO	54.01
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.					NO	55
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.					DATE 0 / / Y/N 1 LIMIT 2 Y/N 3 FEES 4	56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?					YES	57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.					NO	58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)						58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)					NO	59

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HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	YES					60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)	NO					60.01
MULTICAMPUS							
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.	NO					61
	COUNTY: 1	STATE: 2	ZIP CODE 3	CBSA 4	FTE/ CAMPUS 5		
SETTLEMENT DATA							
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)	NO					63

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KPMG LLP COMPU-MAX MICRO SYSTEM
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HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I

				-----I/P DAYS / O/P VISITS / TRIPS-----						
		NO. OF	BED DAYS	CAH	TITLE	TITLE	LTCH	NONCOVERED	TITLE	OBS.
		BEDS	AVAILABLE	PATIENT	V	XVIII	DAYS	DAYS	XIX	BEDS
		1	2	HOURS	3	4	4.01	4.01	5	5.01
1	HOSPITAL ADULTS & PEDS, EXCL	407	148555			33565			26070	1
	SWING BED, OBSERV & HOSPICE DAYS									
2	HMO					1770			10000	2
3	HOSPITAL ADULTS & PEDS -									3
	SWING BED SNF									
4	HOSPITAL ADULTS & PEDS -									4
	SWING BED NF									
5	TOTAL ADULTS & PEDS	407	148555			33565			26070	5
	EXCL OBSERVATION BEDS									
6	INTENSIVE CARE UNIT	66	24090			6028			3569	6
7	CORONARY CARE UNIT	19	6935			1130			176	7
8	BURN INTENSIVE CARE UNIT	8	2920			587			471	8
9	SURGICAL INTENSIVE CARE UNIT									9
9.01	NURSERY SPECIAL CARE	24	8760						5389	9.01
10	NURSERY ICU	47	17155						7622	10
11	NURSERY								1955	11
12	TOTAL HOSPITAL	571	208415			41310			45252	12
13	RPCH VISITS									13
14	SUBPROVIDER I									14
15	SKILLED NURSING FACILITY									15
16	NURSING FACILITY									16
17	OTHER LONG TERM CARE									17
18	HOME HEALTH AGENCY									18
20	ASC (DISTINCT PART)									20
21	HOSPICE (DISTINCT PART)									21
23	O/P REHAB PROVIDER									23
24	RHC I									24
25	TOTAL	571								25
26	OBSERVATION BED DAYS								500	58 26
27	AMBULANCE TRIPS									27
28	EMPLOYEE DISCOUNT DAYS									28

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HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

COMPONENT	-----I/P DAYS / O/P VISITS / TRIPS-----				---INTERNS & RES FTES---			--FULL TIME EQUIV--	
	OBS.		OBS.		LESS I&R		NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS
	BEDS NOT ADMITTED	TOTAL ALL PATIENTS	BEDS ADMITTED	BEDS NOT ADMITTED	REPL NON-	PHYS ANES			
	5.02	6	6.01	6.02	7	8	9	10	11
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		98026							1
2 HMO XIX									2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF									3
4 HOSPITAL ADULTS & PEDS - SWING BED NF									4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS		98026							5
6 INTENSIVE CARE UNIT		19418							6
7 CORONARY CARE UNIT		4166							7
8 BURN INTENSIVE CARE UNIT		2646							8
9 SURGICAL INTENSIVE CARE UNIT									9
9.01 NURSERY SPECIAL CARE		6670							9.01
10 NURSERY ICU		14083							10
11 NURSERY		3073							11
12 TOTAL HOSPITAL		148082			480.47		480.47	5929.00	12
13 RPCH VISITS									13
14 SUBPROVIDER I									14
15 SKILLED NURSING FACILITY									15
16 NURSING FACILITY									16
17 OTHER LONG TERM CARE									17
18 HOME HEALTH AGENCY									18
20 ASC (DISTINCT PART)									20
21 HOSPICE (DISTINCT PART)									21
23 O/P REHAB PROVIDER									23
24 RHC I									24
25 TOTAL					480.47		480.47	5929.00	25
26 OBSERVATION BED DAYS	442	2616	310	2306					26
27 AMBULANCE TRIPS									27
28 EMPLOYEE DISCOUNT DAYS		2567							28

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HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I
(CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS	7206	7600	24474	1	
2	HMO XIX				2	
3	HOSPITAL ADULTS & PEDS - SWING BED SNF				3	
4	HOSPITAL ADULTS & PEDS - SWING BED NF				4	
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS				5	
6	INTENSIVE CARE UNIT				6	
7	CORONARY CARE UNIT				7	
8	BURN INTENSIVE CARE UNIT				8	
9	SURGICAL INTENSIVE CARE UNIT				9	
9.01	NURSERY SPECIAL CARE				9.01	
10	NURSERY ICU				10	
11	NURSERY				11	
12	TOTAL HOSPITAL	7206	7600	24474	12	
13	RPCH VISITS				13	
14	SUBPROVIDER I				14	
15	SKILLED NURSING FACILITY				15	
16	NURSING FACILITY				16	
17	OTHER LONG TERM CARE				17	
18	HOME HEALTH AGENCY				18	
20	ASC (DISTINCT PART)				20	
21	HOSPICE (DISTINCT PART)				21	
23	O/P REHAB PROVIDER				23	
24	RHC I				24	
25	TOTAL				25	
26	OBSERVATION BED DAYS				26	
27	AMBULANCE TRIPS				27	
28	EMPLOYEE DISCOUNT DAYS				28	

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT	RECLASS.	ADJUSTED	PAID HOURS	AVERAGE	WORKSHEET S-3	
		REPORTED	OF SALARIES	SALARIES	RELATED	HOURLY WAGE	PART II	
		1	FROM WKST.	(COL.1 +	TO SALARY	(COL.3 /		
			A-6	COL.2)	IN COL.3	COL.4)		
							DATA	
							SOURCE	
							6	
1	SALARIES		2	3	4	5		1
2	TOTAL SALARIES	391747561	-2325055	389422506	12210828.00	31.89		2
3	NON-PHYSICIAN ANESTHETIST PART A							3
4	NON-PHYSICIAN ANESTHETIST PART B	3354642		3354642	48157.39	69.66		4
4.01	PHYSICIAN - PART A	10295822		10295822	81581.00	126.20		4.01
5	TEACHING PHYSICIAN SALARIES	16533761		16533761	147234.00	112.30		5
5.01	PHYSICIAN - PART B							5.01
6	NON-PHYSICIAN - PART B	613769		613769	11537.00	53.20		6
6.01	INTERNS & RESIDENTS (IN APPR PGM)	30599865		30599865	1444884.00	21.18		6.01
7	CONTRACT SERVICES, I&R							7
8	HOME OFFICE PERSONNEL							8
8.01	SNF							8.01
9	EXCLUDED AREA SALARIES	5211493	-575499	4635994	120047.00	38.62		9
9.01	OTHER WAGES & RELATED COSTS							9.01
9.02	CONTRACT LABOR	8266353		8266353	183296.00	45.10		9.02
9.03	PHARMACY SERVICES UNDER CONTRACT							9.03
10	LABORATORY SERVICES UNDER CONTRACT							10
10.01	MANAGEMENT AND ADMINISTRATIVE SERVICES'							10.01
11	CONTRACT LABOR: PHYSICIAN PART A							11
12	TEACHING PHYSICIAN UNDER CONTRACT							12
12.01	HOME OFFICE SALARIES & WAGE REL COSTS							12.01
13	HOME OFFICE: PHYSICIAN PART A							13
14	TEACHING PHYSICIAN SALARIES							14
15	WAGE-RELATED COSTS							15
16	WAGE RELATED COSTS (CORE)	91325229		91325229			CMS 339	16
17	WAGE RELATED COSTS (OTHER)						CMS 339	17
18	EXCLUDED AREAS	1087208		1087208			CMS 339	18
19	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	19
20	NON-PHYSICIAN ANESTHETIST PART B	786712		786712			CMS 339	20
21	PHYSICIAN PART A	2295968		2295968			CMS 339	21
22	PART A TEACHING PHYSICIANS	3687029		3687029			CMS 339	22
23	PHYSICIAN PART B						CMS 339	23
24	WAGE RELATED COSTS (RHC/FQHC)	143938		143938			CMS 339	24
25	INTERNS & RESIDENTS (IN APPR PGM)	5628193		5628193			CMS 339	25
26	OVERHEAD COSTS - DIRECT SALARIES							26
27	EMPLOYEE BENEFITS	11145710	-30029	11115681	129905.00	85.57		27
28	ADMINISTRATIVE & GENERAL	61052660	-2268553	58784107	1651263.00	35.60		28
29	ADMINISTRATIVE & GENERAL UNDER CONTACT	495609		495609	2440.00	203.12		29
30	MAINTENANCE & REPAIRS							30
31	OPERATION OF PLANT	5178616		5178616	418164.00	12.38		31
32	LAUNDRY & LINEN SERVICE	390239		390239	27910.00	13.98		32
33	HOUSEKEEPING	11011524		11011524	917681.00	12.00		33
34	HOUSEKEEPING UNDER CONTRACT							34
35	DIETARY	2856069	-15230	2840839				35
36	DIETARY UNDER CONTRACT	2079122		2079122	108680.00	19.13		36
37	CAFETERIA	1234293		1234293	90787.00	13.60		37
38	MAINTENANCE OF PERSONNEL							38
39	NURSING ADMINISTRATION	4952044	-484	4951560	137857.00	35.92		39
40	CENTRAL SERVICES AND SUPPLY	2442306		2442306	145979.00	16.73		40
41	PHARMACY	11849731	-5079	11844652	308738.00	38.36		41
42	MEDICAL RECORDS & MEDICAL RECORDS LIBR	3080389		3080389	152304.00	20.23		42
43	SOCIAL SERVICE	630430		630430	27971.00	22.54		43
44	OTHER GENERAL SERVICE	3535158		3535158	198995.00	17.77		44

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT	RECLASS.	ADJUSTED	PAID HOURS	AVERAGE	WORKSHEET S-3	
		REPORTED	OF SALARIES	SALARIES	RELATED	HOURLY WAGE	PART III	
		1	FROM WKST.	(COL.1 +	TO SALARY	(COL.3 /		
			A-6	COL.2)	IN COL.3	COL.4)		
1	NET SALARIES	343220255	-2325055	340895200	10670135.61	31.95		1
2	EXCLUDED AREA SALARIES	5211493	-575499	4635994	120047.00	38.62		2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	338008762	-1749556	336259206	10550088.61	31.87		3
4	SUBTOTAL OTHER WAGES & REL COSTS	8266353		8266353	183296.00	45.10		4
5	SUBTOTAL WAGE-RELATED COSTS	93621197		93621197		27.84%		5
6	TOTAL (SUM OF LINES 3 THRU 5)	439896312	-1749556	438146756	10733384.61	40.82		6
7	NET SALARIES							7
8	EXCLUDED AREA SALARIES							8
9	SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)							9
10	SUBTOTAL OTHER WAGES & REL COSTS							10
11	SUBTOTAL WAGE-RELATED COSTS							11
12	TOTAL (SUM OF LINES 9 THRU 11)							12
13	TOTAL OVERHEAD COSTS	121933900	-2319375	119614525	4318674.00	27.70		13

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HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

COMPONENT NO: 14-2310

WORKSHEET S-5

RENAL DIALYSIS STATISTICS

	----	OUTPATIENT	---	----	TRAINING	----	-----	HOME	-----
	REGULAR	HIGH FLUX	HEMO-	CAPD	HEMO-	CAPD	DIALYSIS	CCPD	
	1	2	3	4	5	6			
1	NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD	477		2	6	36			1
2	NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS	3.00		5.00	6.00	7.00			2
3	AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP	3.70							3
4	CAPD EXCHANGES PER DAY			3		5			4
5	NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED	312							5
6	NUMBER OF STATIONS	62	1	2					6
7	TREATMENT CAPACITY PER DAY PER STATION	4							7
8	UTILIZATION	.86							8
9	AVERAGE TIMES DIALYZERS RE-USED								9
10	PERCENTAGE OF PATIENTS RE-USING DIALYZERS								10
TRANSPLANT INFORMATION									
11	NUMBER OF PATIENTS ON TRANSPLANT LIST					334			11
12	NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD					25			12
EPOIETIN									
13	NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER								13
13.01	EPOIETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM								13.01
14	NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT								14
14.01	NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT								14.01
PHYSICIAN PAYMENT METHOD (ENTER 'X' IF METHOD(S) IS APPLICABLE)									
15	MCP INITIAL METHOD								15
ARANESP									
16	NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER								16
17	ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM								17
18	NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT								18
19	NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT								19

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 IN LIEU OF FORM CMS-2552-96 (4/2005)

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NHCMQ DEMONSTRATION STATISTICAL DATA
 STATISTICAL DATA

WORKSHEET S-7

GROUP	M3PI REVENUE CODE	SERVICES PRIOR TO JANUARY 1		SERVICES ON OR AFTER JANUARY 1		TOTAL
		RATE	DAYS	RATE	DAYS	
1	2	3	3.01	4	4.01	5
1	RVC/RUC					1
2	RVB/RUB					2
3	RVA/RUA					3
3.01	RUX					3.01
3.02	RUL					3.02
4	RHD/RVC					4
5	RHC/RVB					5
6	RHB/RVA					6
6.01	RVX					6.01
6.02	RVL					6.02
7	RHA/RHC					7
8	RMC/RHB					8
9	RMB/RHA					9
9.01	RHX					9.01
9.02	RHL					9.02
10	RMA/RMC					10
11	RLB/RMB					11
12	RLA/RMA					12
12.01	RMX					12.01
12.02	RML					12.02
13	SE3/RLB					13
14	SE2/RLA					14
14.01	RLX					14.01
15	SE1/SE3					15
16	SSC/SE2					16
17	SSB/SE1					17
18	SSA/SSC					18
19	CD2/SSB					19
20	CD1/SSA					20
21	CC2					21
22	CC1					22
23	CB2					23
24	CB1					24
25	CA2					25
26	CA1					26
27	IB2					27
28	IB1					28
29	IA2					29
30	IA1					30
31	BB2					31
32	BB1					32
33	BA2					33
34	BA1					34
35	PE2					35
36	PE1					36
37	PD2					37
38	PD1					38
39	PC2					39
40	PC1					40
41	PB2					41
42	PB1					42
43	PA2					43
44	PA1					44
45	DEFAULT RATE					45
46	TOTAL					46

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	17
17.01	GROSS MEDICAID REVENUES	196507039 17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	18699 18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	15724 20
21	NON-RESTRICTED GRANTS	810366 21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	197351828 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	36927 23
24	COST TO CHARGE RATIO	0.234124 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	8645 25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	26
27	TOTAL SCHIP COST	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	680971275 28
29	TOTAL GROSS MEDICAID COST	159431719 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	97341678 30
31	UNCOMPENSATED CARE COST	22790023 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	159440364 32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

	COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
	GENERAL SERVICE COST CENTERS								
1	0100 OLD CAP REL COSTS-BLDG & FIXT								1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT		18043172	18043172		18043172	-517500	17525672	3
3.01	0301 DCAM CAPITAL		5431378	5431378		5431378		5431378	3.01
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		39374195	39374195	-83790	39290405	-331993	38958412	4
5	0500 EMPLOYEE BENEFITS	11145710	1859891	13005601	-36727	12968874	-104888	12863986	5
6.01	0610 NON-PATIENT PHONES	1191087	-443829	747258		747258	-369213	378045	6.01
6.02	0620 DATA PROCESSING	12232295	8509279	20741574		20741574		20741574	6.02
6.03	0630 PURCHASING	2351631	3844546	6196177		6196177		6196177	6.03
6.04	0640 ADMITTING	2300895	580936	2881831	-195665	2686166		2686166	6.04
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	3846852	5919470	9766322		9766322		9766322	6.05
6.06	0660 OTHER ADMIN & GENERAL	39129900	60765584	99895484	-90480	99805004	-2734928	97070076	6.06
7	0700 MAINTENANCE & REPAIRS								7
8	0800 OPERATION OF PLANT	5178616	24953937	30132553		30132553	-16065	30116488	8
9	0900 LAUNDRY & LINEN SERVICE	390239	2155860	2546099		2546099	-36087	2510012	9
10	1000 HOUSEKEEPING	11011524	4385810	15397334		15397334	-20686	15376648	10
11	1100 DIETARY	2856069	2218003	5074072	-28185	5045887	-1804	5044083	11
12	1200 CAFETERIA	1234293	4633311	5867604		5867604	-5126388	741216	12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	4952044	1477083	6429127	-592	6428535	-306	6428229	14
15	1500 CENTRAL SERVICES & SUPPLY	2442306	1766850	4209156		4209156	-3500	4205656	15
16	1600 PHARMACY	11849731	51246047	63095778	-36881876	26213902	-5131035	21082867	16
17	1700 MEDICAL RECORDS & LIBRARY	3080389	2862107	5942496		5942496	-3500	5938996	17
18	1800 SOCIAL SERVICE	630430	220305	850735		850735	-34263	816472	18
19	1950 OCCUPATIONAL THERAPY								19
19.01	1951 VOLUNTEERS	150020	112071	262091		262091		262091	19.01
19.02	1952 PATIENT TRANSPORT	2619735	479125	3098860		3098860		3098860	19.02
19.03	1953 MEDICAL ELECTRONICS	765403	335275	1100678		1100678		1100678	19.03
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A	30599865		30599865		30599865	-3412868	27186997	22
23	2300 I&R SERVICES-OTHER PRGM COSTS A	19946629	26166059	46112688		46112688	-4357652	41755036	23
24	2400 PARAMED ED PRGM-(SPECIFY)				118256	118256		118256	24
	INPATIENT ROUTINE SERV COST CENTERS								
25	2500 ADULTS & PEDIATRICS	48163926	17239696	65403622	-729368	64674254	-439891	64234363	25
26	2600 INTENSIVE CARE UNIT	12550228	4678686	17228914	1468109	18697023		18697023	26
27	2700 CORONARY CARE UNIT	4514803	1157202	5672005	-1835136	3836869		3836869	27
28	2800 BURN INTENSIVE CARE UNIT	1780357	862297	2642654	367027	3009681		3009681	28
29.01	2060 NURSERY SPECIAL CARE	1955318	794272	2749590		2749590		2749590	29.01
30	2061 NURSERY ICU	11719108	3099006	14818114		14818114		14818114	30
31	3100 SUBPROVIDER I								31
33	3300 NURSERY	1080516	280089	1360605	540782	1901387		1901387	33
	ANCILLARY SERVICE COST CENTERS								
37	3700 OPERATING ROOM	19521942	39196260	58718202	-17924164	40794038	-199756	40594282	37
39	3900 DELIVERY ROOM & LABOR ROOM	3439581	1272380	4711961		4711961		4711961	39
40	4000 ANESTHESIOLOGY	4280937	2969208	7250145		7250145	-3359184	3890961	40
41	4100 RADIOLOGY-DIAGNOSTIC	17231188	13484644	30715832		30715832	-409387	30306445	41
42	4200 RADIOLOGY-THERAPEUTIC	3785162	2055186	5840348	-118256	5722092	-80904	5641188	42
44	4400 LABORATORY	15457170	14547007	30004177	-45244	29958933	-1063497	28895436	44
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47	4700 BLOOD STORING, PROCESSING & TRA	2664984	11222824	13887808		13887808	-1696030	12191778	47
49	4900 RESPIRATORY THERAPY	6406492	4589057	10995549		10995549	-374	10995175	49
50	5000 PHYSICAL THERAPY	4025829	1428639	5454468		5454468	-112807	5341661	50
53	5300 ELECTROCARDIOLOGY	7086134	12424563	19510697	-109171	19401526	-341039	19060487	53
54	5400 ELECTROENCEPHALOGRAPHY	2304532	587593	2892125		2892125	-109094	2783031	54
54.01	3950 BRACE & PLASTER ROOM	113408	139539	252947		252947		252947	54.01
55	5500 MEDICAL SUPPLIES CHARGED TO PAT		16	16	17844130	17844146		17844146	55
56	5600 DRUGS CHARGED TO PATIENTS				36894115	36894115	-788653	36105462	56
57	5700 RENAL DIALYSIS	6322713	7437871	13760584	149846	13910430	402426	14312856	57
	OUTPATIENT SERVICE COST CENTERS								
60	6000 CLINIC	30808321	23246334	54054655	24470	54079125	-3732207	50346918	60
60.01	6001 DENTAL CLINIC	73787	127106	200893		200893		200893	60.01
60.02	6002 TRANSPLANT CLINIC				1661272	1661272		1661272	60.02
61	6100 EMERGENCY	11343969	5462389	16806358		16806358	-508401	16297957	61
62	6200 OBSERVATION BEDS (NON-DISTINCT								62
63.50	6310 RHC								63.50
63.60	6320 FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
64	6400 HOME PROGRAM DIALYSIS	362096	1068151	1430247	37462	1467709	100606	1568315	64
65	6500 AMBULANCE SERVICES	940920	1681100	2622020		2622020		2622020	65
69.10	6910 CMHC								69.10
69.20	6920 OUTPATIENT PHYSICAL THERAPY								69.20
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	6940 OUTPATIENT SPEECH PATHOLOGY								69.40

PROVIDER NO. 14-0088 UNIVERSITY OF CHICAGO HOSPITAL
 PERIOD FROM 07/01/2008 TO 06/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/96)

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

	COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
71	7100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS								71
82	8200 LUNG ACQUISITION	768142	938113	1706255	-558572	1147683	138393	1286076	82
83	8300 KIDNEY ACQUISITION	1084875	3416317	4501192	-974776	3526416	314368	3840784	83
84	8400 LIVER ACQUISITION	865275	704270	1569545	-366098	1203447	545316	1748763	84
85	8500 HEART ACQUISITION	23674	1098564	1122238	274132	1396370	231751	1628121	85
85.01	8510 PANCREAS ACQUISITION				570314	570314	77221	647535	85.01
85.02	8520 INTESTINAL ACQUISITION								85.02
85.03	8530 ISLET CELL ACQUISITION								85.03
95	SUBTOTALS NONREIMBURSABLE COST CENTERS	390581050	444104844	834685894	-28185	834657709	-33233819	801423890	95
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN								96
97.01	9701 OTHER NONREIMBURSABLE	1166511	4049354	5215865	28185	5244050	-3153970	2090080	97.01
97.02	9702 MEDICAL SCHOOL								97.02
101	TOTAL	391747561	448154198	839901759		839901759	-36387789	803513970	101

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
1		2	3	4	5
1 NON REIMBURS DIETARY	A	OTHER NONREIMBURSABLE	97.01	15230	12955 1
2 CRITICAL CARE CENTER	B	INTENSIVE CARE UNIT	26	1145561	322548 2
3	B	BURN INTENSIVE CARE UNIT	28	286390	80637 3
4 PHARMACY DISCOUNTS	C	PHARMACY	16		18451 4
5 DRUGS CHARGED TO PATIENTS	D	DRUGS CHARGED TO PATIENTS	56		36894115 5
6 RENAL RECLASS	E	RENAL DIALYSIS	57	122523	27323 6
7	E	HOME PROGRAM DIALYSIS	64	30631	6831 7
8 NURSERY RECLASS	F	NURSERY	33	414520	126262 8
9 MEDICAL SUPPLIES CHARGED TO PTS	G	MEDICAL SUPPLIES CHARGED TO P	55		17844130 9
10 ENDOSCOPY OPERATING AGREEMENT	H	CLINIC	60		83790 10
11 MEDICAL PHYSICS COST	I	PARAMED ED PRGM-(SPECIFY)	24	92110	26146 11
12 ORGAN ACQ - EMP BENEFITS	J	KIDNEY ACQUISITION	83	11332	2527 12
13	J	LIVER ACQUISITION	84	5949	1327 13
14	J	HEART ACQUISITION	85	5666	1264 14
15	J	PANCREAS ACQUISITION	85.01	1841	411 15
16	J	LUNG ACQUISITION	82	5241	1169 16
17 ORGAN ACQ - ADMITTING	K	KIDNEY ACQUISITION	83	81270	18123 17
18	K	LIVER ACQUISITION	84	44372	9895 18
19	K	HEART ACQUISITION	85	19707	4395 19
20	K				20
21	K	LUNG ACQUISITION	82	14639	3264 21
22 ORGAN ACQ - ADMIN & GEN	L	KIDNEY ACQUISITION	83	9196	2051 22
23	L	LIVER ACQUISITION	84	8682	1936 23
24	L	HEART ACQUISITION	85	7054	1573 24
25	L	PANCREAS ACQUISITION	85.01	3597	802 25
26	L	LUNG ACQUISITION	82	7831	1746 26
27 ORGAN ACQ - NURSING ADMIN	M	KIDNEY ACQUISITION	83	242	54 27
28	M				28
29	M				29
30	M	PANCREAS ACQUISITION	85.01	242	54 30
31	M				31
32 ORGAN AQ - PHARMACY	N	KIDNEY ACQUISITION	83	1074	240 32
33	N	LIVER ACQUISITION	84	619	138 33
34	N	HEART ACQUISITION	85	2312	516 34
35	N	PANCREAS ACQUISITION	85.01	195	43 35
36 SUBTOTAL				2338026	55494716 36

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY		CODE	DECREASE		SALARY		OTHER	WKST A-7	
		1	COST CENTER	LINE #	6	7	8	9	REF.
									10
1	NON REIMBURS DIETARY	A	DIETARY	11		15230		12955	1
2	CRITICAL CARE CENTER	B	CORONARY CARE UNIT	27		1145561		322548	2
3		B	CORONARY CARE UNIT	27		286390		80637	3
4	PHARMACY DISCOUNTS	C	OTHER ADMIN & GENERAL	6.06				18451	4
5	DRUGS CHARGED TO PATIENTS	D	PHARMACY	16				36894115	5
6	RENAL RECLASS	E	ADULTS & PEDIATRICS	25		122523		27323	6
7		E	ADULTS & PEDIATRICS	25		30631		6831	7
8	NURSERY RECLASS	F	ADULTS & PEDIATRICS	25		414520		126262	8
9	MEDICAL SUPPLIES CHARGED TO PTS	G	OPERATING ROOM	37				17844130	9
10	ENDOSCOPY OPERATING AGREEMENT	H	NEW CAP REL COSTS-MVBLE EQUIP	4				83790	9 10
11	MEDICAL PHYSICS COST	I	RADIOLOGY-THERAPEUTIC	42		92110		26146	11
12	ORGAN ACQ - EMP BENEFITS	J	EMPLOYEE BENEFITS	5		11332		2527	12
13		J	EMPLOYEE BENEFITS	5		5949		1327	13
14		J	EMPLOYEE BENEFITS	5		5666		1264	14
15		J	EMPLOYEE BENEFITS	5		1841		411	15
16		J	EMPLOYEE BENEFITS	5		5241		1169	16
17	ORGAN ACQ - ADMITTING	K	ADMITTING	6.04		81270		18123	17
18		K	ADMITTING	6.04		44372		9895	18
19		K	ADMITTING	6.04		19707		4395	19
20		K							20
21		K	ADMITTING	6.04		14639		3264	21
22	ORGAN ACQ - ADMIN & GEN	L	OTHER ADMIN & GENERAL	6.06		9196		2051	22
23		L	OTHER ADMIN & GENERAL	6.06		8682		1936	23
24		L	OTHER ADMIN & GENERAL	6.06		7054		1573	24
25		L	OTHER ADMIN & GENERAL	6.06		3597		802	25
26		L	OTHER ADMIN & GENERAL	6.06		7831		1746	26
27	ORGAN ACQ - NURSING ADMIN	M	NURSING ADMINISTRATION	14		242		54	27
28		M							28
29		M							29
30		M	NURSING ADMINISTRATION	14		242		54	30
31		M							31
32	ORGAN AQ - PHARMACY	N	PHARMACY	16		1074		240	32
33		N	PHARMACY	16		619		138	33
34		N	PHARMACY	16		2312		516	34
35		N	PHARMACY	16		195		43	35
36	SUBTOTAL					2338026		55494716	36

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 2

EXPLANATION OF RECLASSIFICATION ENTRY		CODE	----- INCREASE -----			
		1	COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1		N	LUNG ACQUISITION	82	879	196 1
2	ORGAN ACQ - ADULTS & PEDS	O				2
3		O	LIVER ACQUISITION	84	1045	233 3
4		O				4
5		O				5
6		O				6
7	ORGAN ACQ - OPERATING ROOM	P	KIDNEY ACQUISITION	83	24695	5507 7
8		P	LIVER ACQUISITION	84	12965	2891 8
9		P	HEART ACQUISITION	85	12347	2753 9
10		P	PANCREAS ACQUISITION	85.01	4013	895 10
11		P	LUNG ACQUISITION	82	11421	2547 11
12	ORGAN ACQ - LAB	Q	KIDNEY ACQUISITION	83	36295	8094 12
13		Q				13
14		Q	HEART ACQUISITION	85	238	53 14
15		Q				15
16		Q	LUNG ACQUISITION	82	461	103 16
17	ORGAN ACQ - EKG	R				17
18		R				18
19		R	HEART ACQUISITION	85	89265	19906 19
20		R				20
21		R				21
22	ORGAN ACQ - CLINIC	S	KIDNEY ACQUISITION	83	48504	10816 22
23		S				23
24		S				24
25		S				25
26		S				26
27	ORGAN ACQ - LUNG	T	KIDNEY ACQUISITION	83	32052	7148 27
28		T	LIVER ACQUISITION	84	36646	8172 28
29		T	HEART ACQUISITION	85	98077	21871 29
30		T				30
31		T	TRANSPLANT CLINIC	60.02	334607	74617 31
32	ORGAN ACQ - KIDNEY	U	LIVER ACQUISITION	84	102696	22901 32
33		U	HEART ACQUISITION	85	4676	1043 33
34		U	PANCREAS ACQUISITION	85.01	46995	10480 34
35		U	LUNG ACQUISITION	82	4575	1020 35
36	SUBTOTAL				3240478	55695962 36

RECLASSIFICATIONS

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 PAGE 2

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE				WKST A-7 REF. 10
		COST CENTER 6	LINE # 7	SALARY 8	OTHER 9	
1	N	PHARMACY	16	879	196	1
2 ORGAN ACQ - ADULTS & PEDS	O					2
3	O	ADULTS & PEDIATRICS	25	1045	233	3
4	O					4
5	O					5
6	O					6
7 ORGAN ACQ - OPERATING ROOM	P	OPERATING ROOM	37	24695	5507	7
8	P	OPERATING ROOM	37	12965	2891	8
9	P	OPERATING ROOM	37	12347	2753	9
10	P	OPERATING ROOM	37	4013	895	10
11	P	OPERATING ROOM	37	11421	2547	11
12 ORGAN ACQ - LAB	Q	LABORATORY	44	36295	8094	12
13	Q					13
14	Q	LABORATORY	44	238	53	14
15	Q					15
16	Q	LABORATORY	44	461	103	16
17 ORGAN ACQ - EKG	R					17
18	R					18
19	R	ELECTROCARDIOLOGY	53	89265	19906	19
20	R					20
21	R					21
22 ORGAN ACQ - CLINIC	S	CLINIC	60	48504	10816	22
23	S					23
24	S					24
25	S					25
26	S					26
27 ORGAN ACQ - LUNG	T	LUNG ACQUISITION	82	32052	7148	27
28	T	LUNG ACQUISITION	82	36646	8172	28
29	T	LUNG ACQUISITION	82	98077	21871	29
30	T					30
31	T	LUNG ACQUISITION	82	334607	74617	31
32 ORGAN ACQ - KIDNEY	U	KIDNEY ACQUISITION	83	102696	22901	32
33	U	KIDNEY ACQUISITION	83	4676	1043	33
34	U	KIDNEY ACQUISITION	83	46995	10480	34
35	U	KIDNEY ACQUISITION	83	4575	1020	35
36 SUBTOTAL				3240478	55695962	36

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 3

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
1		2	3	4	5
1	U	TRANSPLANT CLINIC	60.02	449300	100194 1
2 ORGAN ACQ - LIVER	V	KIDNEY ACQUISITION	83	49084	10946 2
3	V	HEART ACQUISITION	85	4676	1043 3
4	V	PANCREAS ACQUISITION	85.01	47806	10661 4
5	V	LUNG ACQUISITION	82	4575	1020 5
6	V	TRANSPLANT CLINIC	60.02	401234	89475 6
7 ORGAN ACQ - HEART	W	KIDNEY ACQUISITION	83	3928	876 7
8	W	LIVER ACQUISITION	84	5992	1336 8
9	W	PANCREAS ACQUISITION	85.01	2321	518 9
10	W	LUNG ACQUISITION	82	4575	1020 10
11	W	TRANSPLANT CLINIC	60.02	1518	339 11
12 ORGAN ACQ - ADMIN	X	KIDNEY ACQUISITION	83		5643 12
13	X	LIVER ACQUISITION	84		7862 13
14	X	HEART ACQUISITION	85		5946 14
15	X	PANCREAS ACQUISITION	85.01		3600 15
16	X	LUNG ACQUISITION	82		7154 16
17 PANCREAS COST	Y	PANCREAS ACQUISITION	85.01		435840 17
18 ORGAN ACQ - POST EXPENSES	Z	TRANSPLANT CLINIC	60.02		18818 18
19	Z	TRANSPLANT CLINIC	60.02		164753 19
20	Z	TRANSPLANT CLINIC	60.02		18591 20
21	Z	TRANSPLANT CLINIC	60.02		7826 21
22 LIVER COST RECLASS	AA	OTHER ADMIN & GENERAL	6.06		2644 22
23 WAGE INDEX SALARY	AB	OTHER ADMIN & GENERAL	6.06	1615471	23
24 WAGE INDEX SALARY	AB	CLINIC	60		141327 24
25 WAGE INDEX SALARY	AB	OTHER ADMIN & GENERAL	6.06		3687676 25
26 WAGE INDEX SALARY	AB	PHYSICAL THERAPY	50		111523 26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36 TOTAL RECLASSIFICATIONS				5830958	60532593 36

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 3

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE				WKST A-7 REF. 10
		COST CENTER	LINE #	SALARY	OTHER	
1	6	7	8	9		
1	U	KIDNEY ACQUISITION	83	449300	100194	1
2	V	LIVER ACQUISITION	84	49084	10946	2
3	V	LIVER ACQUISITION	84	4676	1043	3
4	V	LIVER ACQUISITION	84	47806	10661	4
5	V	LIVER ACQUISITION	84	4575	1020	5
6	V	LIVER ACQUISITION	84	401234	89475	6
7	W	HEART ACQUISITION	85	3928	876	7
8	W	HEART ACQUISITION	85	5992	1336	8
9	W	HEART ACQUISITION	85	2321	518	9
10	W	HEART ACQUISITION	85	4575	1020	10
11	W	HEART ACQUISITION	85	1518	339	11
12	X	OTHER ADMIN & GENERAL	6.06		5643	12
13	X	OTHER ADMIN & GENERAL	6.06		7862	13
14	X	OTHER ADMIN & GENERAL	6.06		5946	14
15	X	OTHER ADMIN & GENERAL	6.06		3600	15
16	X	OTHER ADMIN & GENERAL	6.06		7154	16
17	Y	KIDNEY ACQUISITION	83		435840	17
18	Z	LUNG ACQUISITION	82		18818	18
19	Z	KIDNEY ACQUISITION	83		164753	19
20	Z	LIVER ACQUISITION	84		18591	20
21	Z	HEART ACQUISITION	85		7826	21
22	AA	LIVER ACQUISITION	84		2644	22
23	AB	OTHER ADMIN & GENERAL	6.06		1615471	23
24	AB	CLINIC	60	141327		24
25	AB	OTHER ADMIN & GENERAL	6.06	3687676		25
26	AB	PHYSICAL THERAPY	50	111523		26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36				8156013	58207538	36
TOTAL RECLASSIFICATIONS						

PROVIDER NO. 14-0088 UNIVERSITY OF CHICAGO HOSPITAL
 PERIOD FROM 07/01/2008 TO 06/30/2009

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ANALYSIS OF CHANGES DURING COST REPORTING
 PERIOD IN CAPITAL ASSET BALANCES OF HOSPITAL
 AND HOSPITAL HEALTH CARE COMPLEX CERTIFIED
 TO PARTICIPATE IN HEALTH CARE PROGRAMS

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND								1
2 LAND IMPROVEMENTS								2
3 BUILDINGS AND FIXTURES	169018140					169018140		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	4376056					4376056		6
7 SUBTOTAL	173394196					173394196		7
8 RECONCILING ITEMS								8
9 TOTAL	173394196					173394196		9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	36028854				20509	36008345		1
2 LAND IMPROVEMENTS								2
3 BUILDINGS AND FIXTURES	507248743	55924819		55924819		563173562		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	356711991	40092113		40092113	9121188	387682916		6
7 SUBTOTAL	899989588	96016932		96016932	9141697	986864823		7
8 RECONCILING ITEMS	73598512	97491307		97491307	45266535	125823284		8
9 TOTAL	826391076	-1474375		-1474375	36124838	861041539		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

		----- COMPUTATION OF RATIOS -----			----- ALLOCATION OF -----			OTHER CAPITAL -----	
DESCRIPTION		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL- RELATED COSTS	TOTAL
		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2	OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3	NEW CAP REL COSTS-BLDG & FIXT	574149439		574149439	.510695				3
3.01	DCAM CAPITAL	158042263		158042263	.140576				3.01
4	NEW CAP REL COSTS-MVBLE EQUIP	392058972		392058972	.348729				4
5	TOTAL	1124250674		1124250674	1.000000				5

		----- SUMMARY OF OLD AND NEW CAPITAL -----						
DESCRIPTION		DEPREC- IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL- RELATED COSTS	TOTAL
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BLDG & FIXT							1
2	OLD CAP REL COSTS-MVBLE EQUIP							2
3	NEW CAP REL COSTS-BLDG & FIXT	17525672						3
3.01	DCAM CAPITAL	5431378						3.01
4	NEW CAP REL COSTS-MVBLE EQUIP	38958412						4
5	TOTAL	61915462						5

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

		----- SUMMARY OF OLD AND NEW CAPITAL -----						
DESCRIPTION		DEPREC- IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL- RELATED COSTS	TOTAL
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BLDG & FIXT							1
2	OLD CAP REL COSTS-MVBLE EQUIP							2
3	NEW CAP REL COSTS-BLDG & FIXT	18043172						3
3.01	DCAM CAPITAL	5431378						3.01
4	NEW CAP REL COSTS-MVBLE EQUIP	39374195						4
5	TOTAL	62848745						5

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION		BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED	LINE NO.	WKST A-7 REF
		1	2	COST CENTER	4	5
1	INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2	INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3	INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4	INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5	INVESTMENT INCOME-OTHER					5
6	TRADE, QUANTITY, AND TIME DISCOUNTS					6
7	REFUNDS AND REBATES OF EXPENSES					7
8	RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9	TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-369213	NON-PATIENT PHONES	6.01	9
10	TELEVISION AND RADIO SERVICE					10
11	PARKING LOT	A	-3153970	OTHER NONREIMBURSABLE	97.01	11
12	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-2709281			12
13	SALE OF SCRAP, WASTE, ETC.					13
14	RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1				14
15	LAUNDRY AND LINEN SERVICE					15
16	CAFETERIA - EMPLOYEES AND GUESTS	B	-5126388	CAFETERIA	12	16
17	RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18	SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19	SALE OF DRUGS TO OTHER THAN PATIENTS	B	-5131035	PHARMACY	16	19
20	SALE OF MEDICAL RECORDS AND ABSTRACTS					20
21	NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22	VENDING MACHINES					22
23	INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24	INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25	ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		RESPIRATORY THERAPY	49	25
26	ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50	26
27	ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY	71	27
28	UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29	DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30	DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31	DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32	DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33	NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34	PHYSICIANS' ASSISTANT					34
35	ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				35
36	ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				36
37						37
37.30	PARKING LOT DEPREC	A	-517500	NEW CAP REL COSTS-BLDG & FIXT	3	9 37.30
37.50	CRNA EXPENSE	A	-3356105	ANESTHESIOLOGY	40	37.50
38						38
38.60	ADVERTISING EXPENSE	A	-4492679	OTHER ADMIN & GENERAL	6.06	38.60
39	NON PATIENT CARE EXPENSE	A	-173987	OTHER ADMIN & GENERAL	6.06	39
39.50	MEDICAL STUDENT OFFSET	A	-3412868	I&R SERVICES-SALARY & FRINGES A	22	39.50
39.60	MEDICAL STUDENT OFFSET	A	-3056895	I&R SERVICES-OTHER PRGM COSTS A	23	39.60
40	MISC REVENUE	B	-21292	OTHER ADMIN & GENERAL	6.06	40
40.01	MISC REVENUE	B	-16065	OPERATION OF PLANT	8	40.01
40.02	MISC REVENUE	B	-7000	HOUSEKEEPING	10	40.02
40.03	MISC REVENUE	B	-3500	CENTRAL SERVICES & SUPPLY	15	40.03
40.04	MISC REVENUE	B	-3500	MEDICAL RECORDS & LIBRARY	17	40.04
40.05	MISC REVENUE	B	-34263	SOCIAL SERVICE	18	40.05
40.06	MISC REVENUE	B	-9187	ADULTS & PEDIATRICS	25	40.06
40.07	MISC REVENUE	B	-7634	OPERATING ROOM	37	40.07
40.08	MISC REVENUE	B	-2826	ANESTHESIOLOGY	40	40.08
40.09	MISC REVENUE	B	-21597	RADIOLOGY-DIAGNOSTIC	41	40.09
40.10	MISC REVENUE	B	-21125	RADIOLOGY-THERAPEUTIC	42	40.10
40.11	MISC REVENUE	B	-1013481	LABORATORY	44	40.11
40.12	MISC REVENUE	B	-1661324	BLOOD STORING, PROCESSING & TRA	47	40.12
40.13	MISCELLANEOUS REVENUE	B	-1284	PHYSICAL THERAPY	50	40.13
40.14	MISCELLANEOUS REVENUE	B	-582	ELECTROCARDIOLOGY	53	40.14
40.15	MISCELLANEOUS REVENUE	B	-9567	ELECTROENCEPHALOGRAPHY	54	40.15
40.16	MISCELLANEOUS REVENUE	B	-1388495	CLINIC	60	40.16
40.17	MISCELLANEOUS REVENUE	B	-49326	EMERGENCY	61	40.17
41	PSYCH PDP EXPENSE	A	-289409	CLINIC	60	41
42	REMOVE NON PHY PRACT S&B	A	-91988	EMPLOYEE BENEFITS	5	42
42.01	REMOVE NON PHY PRACT S&B	A	-306	NURSING ADMINISTRATION	14	42.01
42.02	REMOVE NON PHY PRACT S&B	A	-1180	ADULTS & PEDIATRICS	25	42.02

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION		BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
				COST CENTER	LINE NO.	
		1	2	3	4	5
42.03	REMOVE NON PHY PRACT S&B	A	-53583	OPERATING ROOM	37	42.03
42.04	REMOVE NON PHY PRACT S&B	A	-253	ANESTHESIOLOGY	40	42.04
42.05	REMOVE NON PHY PRACT S&B	A	-1337	ELECTROCARDIOLOGY	53	42.05
42.06	REMOVE NON PHY PRACT S&B	A	-88549	ELECTROENCEPHALOGRAPHY	54	42.06
42.07	REMOVE NON PHY PRACT S&B	A	-327868	CLINIC	60	42.07
42.08	REMOVE NON PHY PRACT S&B	A	-177731	EMERGENCY	61	42.08
42.09	REMOVE NON PHY PRACT S&B	A	-7844	LUNG ACQUISITION	82	42.09
43	AHA DUES	A	-169306	OTHER ADMIN & GENERAL	6.06	43
44	ORAGAN ACQ S&B	A	314368	KIDNEY ACQUISITION	83	44
44.01	ORGAN ACQ S&B	A	577816	LIVER ACQUISITION	84	44.01
44.02	ORGAN ACQ S&B	A	246251	HEART ACQUISITION	85	44.02
44.03	ORGAN ACQ S&B	A	91221	PANCREAS ACQUISITION	85.01	44.03
44.04	ORGAN ACQ S&B	A	179237	LUNG ACQUISITION	82	44.04
45						45
45.01	ORGAN ACQ PROCUREMENT	A	-32500	LIVER ACQUISITION	84	45.01
45.02	ORGAN ACQ PROCUREMENT	A	-42500	HEART ACQUISITION	85	45.02
45.03	ORGAN ACQ PROCUREMENT	A	-14000	PANCREAS ACQUISITION	85.01	45.03
45.04	ORGAN ACQ PROCUREMENT	A	-33000	LUNG ACQUISITION	82	45.04
46	NON EMERGENCY PATIENT TRANSPORT	A	-75000	CLINIC	60	46
46.01	NON ALLOWABLE EXPENSE	A	-1612	OTHER ADMIN & GENERAL	6.06	46.01
46.02	RENAL PHYSICIAN S&B	A	402426	RENAL DIALYSIS	57	46.02
46.03	HOME DIALYSIS PHY S&B	A	100606	HOME PROGRAM DIALYSIS	64	46.03
46.04	CORRECT GOH ACCRUAL	A	28000	HEART ACQUISITION	85	46.04
46.05	NON ALLOWABLE EXPENSE	A	-12900	EMPLOYEE BENEFITS	5	46.05
46.06	BSD OCC MEDICINE	A	-111523	PHYSICAL THERAPY	50	46.06
46.07	LAUNDRY & LINEN DISCOUNT	A	-36087	LAUNDRY & LINEN SERVICE	9	46.07
46.08	SMG SALARY & BENEFITS	A	1868313	OTHER ADMIN & GENERAL	6.06	46.08
46.09	NORTHSHORE REVENUE	B	-1300757	I&R SERVICES-OTHER PRGM COSTS A	23	46.09
47	UHS CONSORTIUM	B	-331993	NEW CAP REL COSTS-MVBLE EQUIP	4	47
47.01	UHS CONSORTIUM	B	-125201	OTHER ADMIN & GENERAL	6.06	47.01
47.02	UHS CONSORTIUM	B	-13686	HOUSEKEEPING	10	47.02
47.03	UHS CONSORTIUM	B	-1804	DIETARY	11	47.03
47.04	UHS CONSORTIUM	B	-429524	ADULTS & PEDIATRICS	25	47.04
47.05	UHS CONSORTIUM	B	-204143	RADIOLOGY-DIAGNOSTIC	41	47.05
47.06	UHS CONSORTIUM	B	-5411	LABORATORY	44	47.06
47.07	UHS CONSORTIUM	B	-34706	BLOOD STORING, PROCESSING & TRA	47	47.07
47.08	UHS CONSORTIUM	B	-374	RESPIRATORY THERAPY	49	47.08
47.09	UHS CONSORTIUM	B	-788653	DRUGS CHARGED TO PATIENTS	56	47.09
47.10	UHS CONSORTIUM	B	-166	CLINIC	60	47.10
47.11	UHS CONSORTIUM	B	380836	OTHER ADMIN & GENERAL	6.06	47.11
48						48
49						49
50	TOTAL		-36387789			50

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

WORKSHEET A-8-1

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ-USTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1	4	NEW CAP REL COSTS-MVBLE EQUIP	PBP DIRECTS & INDIRECT	787282	787282	9 1
2	6.06	OTHER ADMIN & GENERAL	UNIVERSITY OVERHEAD	5335778	5335778	2
3	6.06	OTHER ADMIN & GENERAL	PBP DIRECTS & INDIRECTS	14179187	14179187	3
4	6.06	OTHER ADMIN & GENERAL	MALPRACTICE	12603437	12603437	4
4.01	8	OPERATION OF PLANT	STEAM & ELECTRCITY	14528576	14528576	4.01
4.02	8	OPERATION OF PLANT	PBP DIRECTS & INDIRECTS	3034281	3034281	4.02
4.03	22	I&R SERVICES-SALARY & FRINGES A	PBP DIRECTS & INDIRECTS	37812759	37812759	4.03
4.04	25	ADULTS & PEDIATRICS	PBP DIRECTS & INDIRECTS	17663	17663	4.04
4.05	37	OPERATING ROOM	PBP DIRECTS & INDIRECTS	288033	288033	4.05
4.07	41	RADIOLOGY-DIAGNOSTIC	PBP DIRECTS & INDIRECTS	1131448	1131448	4.07
4.08	42	RADIOLOGY-THERAPEUTIC	PBP DIRECTS & INDIRECTS	373910	373910	4.08
4.09	44	LABORATORY	PBP DIRECTS & INDIRECTS	546412	546412	4.09
4.10	53	ELECTROCARDIOLOGY	PBP DIRECTS & INDIRECTS	1152223	1152223	4.10
4.11	54	ELECTROENCEPHALOGRAPHY	PBP DIRECTS & INDIRECTS	70788	70788	4.11
4.12	60	CLINIC	PBP DIRECTS & INDIRECTS	4941618	4941618	4.12
4.13	60.01	DENTAL CLINIC	INPUT ADJ TO GL	200893	200893	4.13
4.14	61	EMERGENCY	PBP DIRECTS & INDIRECTS	873573	873573	4.14
5		TOTALS		97877861	97877861	5

B. INTERRELATIONSHIP OF RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(b)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THE INFORMATION IS USED BY THE HEALTH CARE FINANCING ADMINISTRATION AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----					
SYMBOL	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS
(1)	2	3	4	5	6
1	B	U OF C MEDICAL CENTER	100.00	UNIVERSITY OF CHICAGO	UNIVESITY/MEDICAL SCHOOL
2					
3					
4					
5					

(1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

- INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN RELATED ORGANIZATION.
- INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY:

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT	
LINE NO.	1	2	3	4	5	6	7	8	9
1	37	OPERATING ROOM	AGGREGATE		254239				
2	31	SUBPROVIDER I	AGGREGATE			208000	1157	115700	5785
3	40	ANESTHESIOLOGY	AGGREGATE			154100			
4	41	RADIOLOGY-DIAGNOSTIC	AGGREGATE			200300			
5	42	RADIOLOGY-THERAPEUTIC	AGGREGATE		576406	225300	3626	392759	19638
6	44	LABORATORY	AGGREGATE		187810	225300	1182	128031	6402
7	53	ELECTROCARDIOLOGY	AGGREGATE		535323	215700	4732	490718	24536
8	54	ELECTROENCEPHALOGRAPHY	AGGREGATE		841925	177200	5902	502805	25140
9	60	CLINIC	AGGREGATE		59708	177200	572	48730	2437
10	61	EMERGENCY	AGGREGATE		3724168	177200	24332	2072899	103645
101		TOTAL			638726	177200	4195	357382	17869
					6818305		45698	4109024	205452

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION 12	PROVIDER COMPONENT SHARE OF COLUMN 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COLUMN 14 15	ADJUSTED RCE LIMIT 16	RCE DIS- ALLOWANCE 17	ADJUST- MENT 18
10	11							
1 37	OPERATING ROOM	AGGREGATE				115700	138539	138539
2 31	SUBPROVIDER I	AGGREGATE						
3 40	ANESTHESIOLOGY	AGGREGATE						
4 41	RADIOLOGY-DIAGNOSTIC	AGGREGATE				392759	183647	183647
5 42	RADIOLOGY-THERAPEUTIC	AGGREGATE				128031	59779	59779
6 44	LABORATORY	AGGREGATE				490718	44605	44605
7 53	ELECTROCARDIOLOGY	AGGREGATE				502805	339120	339120
8 54	ELECTROENCEPHALOGRAPHY	AGGREGATE				48730	10978	10978
9 60	CLINIC	AGGREGATE				2072899	1651269	1651269
10 61	EMERGENCY	AGGREGATE				357382	281344	281344
101	TOTAL					4109024	2709281	2709281

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	DCAM 3.01	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	NON PATIENT PHONES 6.01	DATA PROCESSING 6.02	PURCHASING ADMIT, REC AND STORES 6.03	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT	17525672	17525672							3
3.01 DCAM CAPITAL	5431378		5431378						3.01
4 NEW CAP REL COSTS-MVBLE EQUIP	38958412			38958412					4
5 EMPLOYEE BENEFITS	12863986	433494		110017	13407497				5
6.01 NON-PATIENT PHONES	378045			9519	42213	429777			6.01
6.02 DATA PROCESSING	20741574	1121555	72185	15313093	433525	2884	37684816		6.02
6.03 PURCHASING	6196177	956505		12454	83344	2884		7251364	6.03
6.04 ADMITTING	2686166	94092	75177	7593	75876	2884		2897	6.04
6.05 CASHIERING/ACCOUNTS RECEIVABLE	9766322	235706		1158	136336	2884	6154736	1309	6.05
6.06 OTHER ADMIN & GENERAL	97070076	1645278	75794	3410885	1312073	288460	8024732	40485	6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	30116488	189739	9812	383145	183535	2884		24592	8
9 LAUNDRY & LINEN SERVICE	2510012	26458		533	13830	2884		27556	9
10 HOUSEKEEPING	15376648	412970	115368	59819	390259	2884		53149	10
11 DIETARY	5044083	77648		228	100682	2884		35388	11
12 CAFETERIA	741216	377794	193611	99904	43745	2884		91592	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	6428229	59024		12151	175488	2884		598	14
15 CENTRAL SERVICES & SUPPLY	4205656	288384	93495	165536	86558	2884		38580	15
16 PHARMACY	21082867	252237	39030	595011	419786	2884	941062	2252740	16
17 MEDICAL RECORDS & LIBRARY	5938996	269717		21786	109172	2884	1486167	4504	17
18 SOCIAL SERVICE	816472	63663			22343	2884		19	18
19 OCCUPATIONAL THERAPY									19
19.01 VOLUNTEERS	262091	26329		2693	5317	2884		5	19.01
19.02 PATIENT TRANSPORT	3098860	38479		3110	92846	2884		1773	19.02
19.03 MEDICAL ELECTRONICS	1100678	179229		571109	27127	2884		189	19.03
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A	27186997				1084490				22
23 I&R SERVICES-OTHER PRGM COSTS A	41755036	443227		12234	706928	2884		1421	23
24 PARAMED ED PRGM-(SPECIFY)	118256				3264				24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	64234363	2921871		1268840	1686749	2884	4296694	247378	25
26 INTENSIVE CARE UNIT	18697023	561662		279300	485392	2884		111621	26
27 CORONARY CARE UNIT	3836869	105271		202090	109259	2884		21251	27
28 BURN INTENSIVE CARE UNIT	3009681	109695		1135	73248	2884		16283	28
29.01 NURSERY SPECIAL CARE	2749590	161640		71231	69298	2884		5216	29.01
30 NURSERY ICU	14818114	445450		79990	415337	2884		50603	30
31 SUBPROVIDER I									31
33 NURSERY	1901387	31249		4068	52986	2884		3894	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	40594282	976014	357440	3650148	689558	5769	274812	1593004	37
39 DELIVERY ROOM & LABOR ROOM	4711961	305671		13524	121902	2884		27210	39
40 ANESTHESIOLOGY	3890961	29436	17883	570836	151721	2884		94670	40
41 RADIOLOGY-DIAGNOSTIC	30306445	891050	601344	5537870	610691	2884	1634916	275238	41
42 RADIOLOGY-THERAPEUTIC	5641188		424583	1407120	130885	2884		17737	42
44 LABORATORY	28895436	1042871	76664	765431	546506		4704205	367178	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	12191778	72663	44072	103206	94450	2884		460386	47
49 RESPIRATORY THERAPY	10995175	85892	64005	278960	227052	2884	57830	151022	49
50 PHYSICAL THERAPY	5341661	204824	16631	35198	138727	2884	71046	10603	50
53 ELECTROCARDIOLOGY	19060487	251589	244466	2202334	247976	2884		433161	53
54 ELECTROENCEPHALOGRAPHY	2783031	101754	69101	152732	81675	2884		4147	54
54.01 BRACE & PLASTER ROOM	252947		11535	205	4019	2884		5451	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	17844146					2884			55
56 DRUGS CHARGED TO PATIENTS	36105462			2810		2884			56
57 RENAL DIALYSIS	14312856	595738		89116	228426	2884		261140	57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	50346918	319871	2779052	974348	1085150	2884	10032007	384056	60
60.01 DENTAL CLINIC	200893	74152			2615	2884			60.01
60.02 TRANSPLANT CLINIC	1661272	15322	7726	3478	42056			601	60.02
61 EMERGENCY	16297957	524392		219324	402042	2884		79327	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
64 HOME PROGRAM DIALYSIS	1568315	36428		43	13919			45069	64
65 AMBULANCE SERVICES	2622020	29220		235514	33347	2884		4801	65
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	DCAM 3.01	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	NON PATIENT PHONES 6.01	DATA PROCESSING 6.02	PURCHASING ADMIT, REC AND STORES 6.03	
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
82 LUNG ACQUISITION	1286076	25767		9978	11375	2884		701	82
83 KIDNEY ACQUISITION	3840784	13574	41533	845	27442	2884		1241	83
84 LIVER ACQUISITION	1748763	14243			20445	2884		450	84
85 HEART ACQUISITION	1628121	10445			8837	2884		818	85
85.01 PANCREAS ACQUISITION	647535	1985			3793	2884		180	85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	801423890	17151267	5430507	38951652	13365615	429777	37678207	7251234	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		191810							96
97.01 OTHER NONREIMBURSABLE	2090080	182595	871	6760	41882		6609	130	97.01
97.02 MEDICAL SCHOOL									97.02
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	803513970	17525672	5431378	38958412	13407497	429777	37684816	7251364	103

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PART I

COST CENTER DESCRIPTION	ADMITTING 6.04	CASHIERING ACCOUNTS RECEIVABLE 6.05	SUBTOTAL 5A	OTHER ADMIN & GENERAL 6.06	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
3.01 DCAM CAPITAL									3.01
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 NON-PATIENT PHONES									6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING									6.03
6.04 ADMITTING	2944685								6.04
6.05 CASHIERING/ACCOUNTS RECEIVABLE		16298451							6.05
6.06 OTHER ADMIN & GENERAL			111867783	111867783					6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT			30910195	4999446	35909641				8
9 LAUNDRY & LINEN SERVICE			2581273	417498	49914	3048685			9
10 HOUSEKEEPING			16411097	2654347	1038055	1524340	21627839		10
11 DIETARY			5260913	850905	146485		706913	6965216	11
12 CAFETERIA			1550746	250819	1147328		289890		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION			6678374	1080167	111350		21735		14
15 CENTRAL SERVICES & SUPPLY			4881093	789473	753920		428294		15
16 PHARMACY			25585617	4138243	563465		272697		16
17 MEDICAL RECORDS & LIBRARY			7833226	1266954	508829		362254		17
18 SOCIAL SERVICE			905381	146437	120103		39417		18
19 OCCUPATIONAL THERAPY									19
19.01 VOLUNTEERS			299319	48412	49670		20873		19.01
19.02 PATIENT TRANSPORT			3237952	523710	72591		6756		19.02
19.03 MEDICAL ELECTRONICS			1881216	304270	338120		159248		19.03
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A			28271487	4572659					22
23 I&R SERVICES-OTHER PRGM COSTS A			42921730	6942204	836160		401412		23
24 PARAMED ED PRGM-(SPECIFY)			121520	19655					24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	456014	1508290	76623083	12393329	5512190	667549	3581572	6503223	25
26 INTENSIVE CARE UNIT	149149	487999	20775030	3360174	1059592	127145	565519	269950	26
27 CORONARY CARE UNIT	35445	115968	4429037	716357	198597	22558	110459	98640	27
28 BURN INTENSIVE CARE UNIT	28275	92578	3333779	539209	206943	35161	133718	93403	28
29.01 NURSERY SPECIAL CARE	29484	96466	3185809	515276	304939		3939		29.01
30 NURSERY ICU	100596	329177	16242151	2627022	840353	1827	191276		30
31 SUBPROVIDER I									31
33 NURSERY	5935	19420	2021823	327012	58952		56006		33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	304482	1458449	49903958	8071516	2643646	162977	2117922		37
39 DELIVERY ROOM & LABOR ROOM	25759	90809	5299720	857182	576656	37603	289372		39
40 ANESTHESIOLOGY	89880	452269	5300540	857315	95675		193691		40
41 RADIOLOGY-DIAGNOSTIC	164603	1639048	41664089	6738791	3030866	45918	1835335		41
42 RADIOLOGY-THERAPEUTIC	26972	310366	7961735	1287739	953087	26734	957242		42
44 LABORATORY	280719	1888132	38567142	6237888	2139499		1567324		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	135738	516212	13621389	2203137	236012		134523		47
49 RESPIRATORY THERAPY	220915	755420	12839155	2076618	305713		174227		49
50 PHYSICAL THERAPY	15395	102770	5939739	960699	423739	29456	247253		50
53 ELECTROCARDIOLOGY	141788	818350	23403035	3785230	1023276	27964	637654		53
54 ELECTROENCEPHALOGRAPHY	10101	63736	3269161	528757	347077	4717	161836		54
54.01 BRACE & PLASTER ROOM	160	7286	284487	46013	25893		18141		54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	90950	378533	18316513	2962531					55
56 DRUGS CHARGED TO PATIENTS	437707	2341389	38890252	6290148					56
57 RENAL DIALYSIS	32485	790496	16313141	2638504	1123877	45321	129434		57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	42213	909573	66876072	10816603	6841747	206284	5316567		60
60.01 DENTAL CLINIC		191	280735	45406	139889				60.01
60.02 TRANSPLANT CLINIC	3382	11135	1744972	282234	46250	1007	14778		60.02
61 EMERGENCY	92573	941542	18560041	3001920	989281	75579	332181		61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
64 HOME PROGRAM DIALYSIS	1075	76388	1741237	281629	68723				64
65 AMBULANCE SERVICES	1846	27160	2956792	478234	55125		51894		65
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40

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 PART I

COST CENTER DESCRIPTION	ADMITTING 6.04	CASHIERING ACCOUNTS RECEIVABLE 6.05	SUBTOTAL 5A	OTHER ADMIN & GEERAL 6.06	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
82 LUNG ACQUISITION	2140	7000	1345921	217691	48611				82
83 KIDNEY ACQUISITION	10144	33567	3972014	642438	118841	4046	59743		83
84 LIVER ACQUISITION	2591	8476	1797852	290786	26870	839	12248		84
85 HEART ACQUISITION	4227	13829	1669161	269972	19705	1063	15698		85
85.01 PANCREAS ACQUISITION	1942	6427	664746	107517	3746	597	8798		85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	2944685	16298451	800993233	111460076	35201360	3048685	21627839	6965216	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN			191810	31024	361856				96
97.01 OTHER NONREIMBURSABLE			2328927	376683	346425				97.01
97.02 MEDICAL SCHOOL									97.02
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	2944685	16298451	803513970	111867783	35909641	3048685	21627839	6965216	103

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COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	VOLUNTEERS 19.01	PATIENT TRANSPORT 19.02	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
3.01 DCAM CAPITAL									3.01
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 NON-PATIENT PHONES									6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING									6.03
6.04 ADMITTING									6.04
6.05 CASHIERING/ACCOUNTS RECEIVABLE									6.05
6.06 OTHER ADMIN & GENERAL									6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING									10
11 DIETARY									11
12 CAFETERIA	3238783								12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	47654	7939280							14
15 CENTRAL SERVICES & SUPPLY	44390		6897170						15
16 PHARMACY	73313	5597	2240390	32879322					16
17 MEDICAL RECORDS & LIBRARY	46379		4480		10022122				17
18 SOCIAL SERVICE	3218		19			1214575			18
19 OCCUPATIONAL THERAPY									19
19.01 VOLUNTEERS	1396		5				419675		19.01
19.02 PATIENT TRANSPORT	26229		1763					3869001	19.02
19.03 MEDICAL ELECTRONICS	5426		188						19.03
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A	521952								22
23 I&R SERVICES-OTHER PRGM COSTS A			1413						23
24 PARAMED ED PRGM-(SPECIFY)	2277								24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	569712	2967826	246020	2243	1564865	664579	132538	1510640	25
26 INTENSIVE CARE UNIT	125695	733080	111008	1490	506852	160416		39539	26
27 CORONARY CARE UNIT	50120	200244	21135	235	120452	30555		8852	27
28 BURN INTENSIVE CARE UNIT	17585	103723	16194	56	96086	30555		11606	28
29.01 NURSERY SPECIAL CARE	29720	165883	5188		100196	22917		1672	29.01
30 NURSERY ICU	101159	536093	50326		341856	76388	26655	55374	30
31 SUBPROVIDER I									31
33 NURSERY	10860	65647	3872		20168		1185		33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	199039	937223	1584261	54889	1034724		28136	9344	37
39 DELIVERY ROOM & LABOR ROOM	37696	173590	27061	8682	87536			69832	39
40 ANESTHESIOLOGY	29606	734	94150	402834	305438				40
41 RADIOLOGY-DIAGNOSTIC	173061	118541	273728	762059	559371		13328	1079646	41
42 RADIOLOGY-THERAPEUTIC	32278	33580	17640	27858	91658		8885	18687	42
44 LABORATORY	190949		365162	3017	953969		111064	41801	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	32513		457859	64395	461278				47
49 RESPIRATORY THERAPY	84386		150193	1657055	750737				49
50 PHYSICAL THERAPY	42523	12432	10545	72728	52318			83700	50
53 ELECTROCARDIOLOGY	70695	147396	430784	254853	481840		1925	20064	53
54 ELECTROENCEPHALOGRAPHY	37363	39406	4125	2824	34328		444		54
54.01 BRACE & PLASTER ROOM	1685		5421		542				54.01
55 MEDICAL SUPPLIES CHARGED TO PAT					309077				55
56 DRUGS CHARGED TO PATIENTS				25040098	1487462				56
57 RENAL DIALYSIS	88841	161709	259707	2291917	110394			27244	57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	368988	926121	381948	1826887	143453	229165	24434	453221	60
60.01 DENTAL CLINIC								11016	60.01
60.02 TRANSPLANT CLINIC	4941	18350	597	3575	11492				60.02
61 EMERGENCY	126948	453518	78892	189970	314591		71081	424796	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
64 HOME PROGRAM DIALYSIS	4098	10551	44822	193787	3653				64
65 AMBULANCE SERVICES	9942	29222	4775	327	6273				65
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40

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COST ALLOCATION - GENERAL SERVICE COSTS

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COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	VOLUNTEERS 19.01	PATIENT TRANSPORT 19.02	
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
82 LUNG ACQUISITION	5214	17891	697	710	7271				82
83 KIDNEY ACQUISITION	12963	50095	1234	10320	34474				83
84 LIVER ACQUISITION	2656	10276	447	4869	8804				84
85 HEART ACQUISITION	3408	13166	813	131	14364				85
85.01 PANCREAS ACQUISITION	1905	7386	179	1513	6600				85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	3238783	7939280	6897041	32879322	10022122	1214575	419675	3867034	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN									96
97.01 OTHER NONREIMBURSABLE			129					1967	97.01
97.02 MEDICAL SCHOOL									97.02
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	3238783	7939280	6897170	32879322	10022122	1214575	419675	3869001	103

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COST CENTER DESCRIPTION	MEDICAL ELECTRONIC 19.03	I&R SALARY & FRINGES 22	I&R PROGRAM COSTS 23	PARAMED EDUCATION 24	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
3.01 DCAM CAPITAL								3.01
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 NON-PATIENT PHONES								6.01
6.02 DATA PROCESSING								6.02
6.03 PURCHASING								6.03
6.04 ADMITTING								6.04
6.05 CASHIERING/ACCOUNTS RECEIVABLE								6.05
6.06 OTHER ADMIN & GENERAL								6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION								14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY								17
18 SOCIAL SERVICE								18
19 OCCUPATIONAL THERAPY								19
19.01 VOLUNTEERS								19.01
19.02 PATIENT TRANSPORT								19.02
19.03 MEDICAL ELECTRONICS	2688468							19.03
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A		33366098						22
23 I&R SERVICES-OTHER PRGM COSTS A			51102919					23
24 PARAMED ED PRGM-(SPECIFY)				143452				24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	495094	14303729	21907336		149645528	-36211065	113434463	25
26 INTENSIVE CARE UNIT	190617	1155897	1770351		30952355	-2926248	28026107	26
27 CORONARY CARE UNIT	62046	111220	170343		6350850	-281563	6069287	27
28 BURN INTENSIVE CARE UNIT	24947	23833	36502		4703300	-60335	4642965	28
29.01 NURSERY SPECIAL CARE	41578	190663	292017		4859797	-482680	4377117	29.01
30 NURSERY ICU	277610	718960	1101146		23188196	-1820106	21368090	30
31 SUBPROVIDER I								31
33 NURSERY	1279	218468	334602		3119874	-553070	2566804	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	256501	1418059	2171874		70594069	-3589933	67004136	37
39 DELIVERY ROOM & LABOR ROOM	60128	536241	821297		8882596	-1357538	7525058	39
40 ANESTHESIOLOGY	3198	401188	614452		8298821	-1015640	7283181	40
41 RADIOLOGY-DIAGNOSTIC	40298	1302867	1995447		59633345	-3298314	56335031	41
42 RADIOLOGY-THERAPEUTIC	5117	357494	547531	143452	12470717	-905025	11565692	42
44 LABORATORY	116417	1243284	1904192		53441708	-3147476	50294232	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA	8955	111220	170343		17501624	-281563	17220061	47
49 RESPIRATORY THERAPY	453515				18491599		18491599	49
50 PHYSICAL THERAPY	25586				7900718		7900718	50
53 ELECTROCARDIOLOGY	55650	99304	152092		30591762	-251396	30340366	53
54 ELECTROENCEPHALOGRAPHY		381327	584033		5395398	-965360	4430038	54
54.01 BRACE & PLASTER ROOM					382182		382182	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT					21588121		21588121	55
56 DRUGS CHARGED TO PATIENTS					71707960		71707960	56
57 RENAL DIALYSIS	19829	115192	176427		23501537	-291619	23209918	57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	256501	5568961	8529321		108766273	-14098282	94667991	60
60.01 DENTAL CLINIC		95332	146008		718386	-241340	477046	60.01
60.02 TRANSPLANT CLINIC					2128196		2128196	60.02
61 EMERGENCY	138805	1890746	2895832		29544181	-4786578	24757603	61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
64 HOME PROGRAM DIALYSIS					2348500		2348500	64
65 AMBULANCE SERVICES	78678				3671262		3671262	65
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40

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71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
82 LUNG ACQUISITION					1644006		1644006	82
83 KIDNEY ACQUISITION	1919				4908087		4908087	83
84 LIVER ACQUISITION					2155647		2155647	84
85 HEART ACQUISITION					2007481		2007481	85
85.01 PANCREAS ACQUISITION					802987		802987	85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	2614268	30243985	46321146	143452	791897063	-76565131	715331932	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN					584690		584690	96
97.01 OTHER NONREIMBURSABLE	74200	3122113	4781773		11032217	-7903886	3128331	97.01
97.02 MEDICAL SCHOOL								97.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	2688468	33366098	51102919	143452	803513970	-84469017	719044953	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

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COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	DCAM 3.01	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	NON PATIENT PHONES 6.01	DATA PROCESSING 6.02	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
3.01 DCAM CAPITAL									3.01
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS		433494		110017	543511	543511			5
6.01 NON-PATIENT PHONES				9519	9519	1712	11231		6.01
6.02 DATA PROCESSING		1121555	72185	15313093	16506833	17578	75	16524486	6.02
6.03 PURCHASING		956505		12454	968959	3379	75		6.03
6.04 ADMITTING		94092	75177	7593	176862	3076	75		6.04
6.05 CASHIERING/ACCOUNTS RECEIVABLE		235706		1158	236864	5528	75	2698802	6.05
6.06 OTHER ADMIN & GENERAL		1645278	75794	3410885	5131957	53200	7555	3518780	6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT		189739	9812	383145	582696	7442	75		8
9 LAUNDRY & LINEN SERVICE		26458		533	26991	561	75		9
10 HOUSEKEEPING		412970	115368	59819	588157	15824	75		10
11 DIETARY		77648		228	77876	4082	75		11
12 CAFETERIA		377794	193611	99904	671309	1774	75		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		59024		12151	71175	7115	75		14
15 CENTRAL SERVICES & SUPPLY		288384	93495	165536	547415	3510	75		15
16 PHARMACY		252237	39030	595011	886278	17021	75	412648	16
17 MEDICAL RECORDS & LIBRARY		269717		21786	291503	4427	75	651672	17
18 SOCIAL SERVICE		63663			63663	906	75		18
19 OCCUPATIONAL THERAPY									19
19.01 VOLUNTEERS		26329		2693	29022	216	75		19.01
19.02 PATIENT TRANSPORT		38479		3110	41589	3765	75		19.02
19.03 MEDICAL ELECTRONICS		179229		571109	750338	1100	75		19.03
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A						43972			22
23 I&R SERVICES-OTHER PRGM COSTS A		443227		12234	455461	28663	75		23
24 PARAMED ED PRGM-(SPECIFY)						132			24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS		2921871		1268840	4190711	68275	75	1884065	25
26 INTENSIVE CARE UNIT		561662		279300	840962	19681	75		26
27 CORONARY CARE UNIT		105271		202090	307361	4430	75		27
28 BURN INTENSIVE CARE UNIT		109695		1135	110830	2970	75		28
29.01 NURSERY SPECIAL CARE		161640		71231	232871	2810	75		29.01
30 NURSERY ICU		445450		79990	525440	16840	75		30
31 SUBPROVIDER I									31
33 NURSERY		31249		4068	35317	2148	75		33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		976014	357440	3650148	4983602	27959	151	120503	37
39 DELIVERY ROOM & LABOR ROOM		305671		13524	319195	4943	75		39
40 ANESTHESIOLOGY		29436	17883	570836	618155	6152	75		40
41 RADIOLOGY-DIAGNOSTIC		891050	601344	5537870	7030264	24761	75	716897	41
42 RADIOLOGY-THERAPEUTIC			424583	1407120	1831703	5307	75		42
44 LABORATORY		1042871	76664	765431	1884966	22159		2062756	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA		72663	44072	103206	219941	3830	75		47
49 RESPIRATORY THERAPY		85892	64005	278960	428857	9206	75	25358	49
50 PHYSICAL THERAPY		204824	16631	35198	256653	5625	75	31153	50
53 ELECTROCARDIOLOGY		251589	244466	2202334	2698389	10055	75		53
54 ELECTROENCEPHALOGRAPHY		101754	69101	152732	323587	3312	75		54
54.01 BRACE & PLASTER ROOM			11535	205	11740	163	75		54.01
55 MEDICAL SUPPLIES CHARGED TO PAT							75		55
56 DRUGS CHARGED TO PATIENTS				2810	2810		75		56
57 RENAL DIALYSIS		595738		89116	684854	9262	75		57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		319871	2779052	974348	4073271	43999	75	4398954	60
60.01 DENTAL CLINIC		74152			74152	106	75		60.01
60.02 TRANSPLANT CLINIC		15322	7726	3478	26526	1705			60.02
61 EMERGENCY		524392		219324	743716	16301	75		61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
64 HOME PROGRAM DIALYSIS		36428		43	36471	564			64
65 AMBULANCE SERVICES		29220		235514	264734	1352	75		65
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40

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COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	DCAM 3.01	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	NON PATIENT PHONES 6.01	DATA PROCESSING 6.02	
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
82 LUNG ACQUISITION		25767		9978	35745	461	75		82
83 KIDNEY ACQUISITION		13574	41533	845	55952	1113	75		83
84 LIVER ACQUISITION		14243			14243	829	75		84
85 HEART ACQUISITION		10445			10445	358	75		85
85.01 PANCREAS ACQUISITION		1985			1985	154	75		85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS		17151267	5430507	38951652	61533426	541813	11231	16521588	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		191810			191810				96
97.01 OTHER NONREIMBURSABLE		182595	871	6760	190226	1698		2898	97.01
97.02 MEDICAL SCHOOL									97.02
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL		17525672	5431378	38958412	61915462	543511	11231	16524486	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

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COST CENTER DESCRIPTION		PURCHASING ADMIT, REC AND STORES 6.03	ADMITTING 6.04	CASHIERING ACCOUNTS RECEIVABLE 6.05	OTHER ADMIN & GENERAL 6.06	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	
GENERAL SERVICE COST CENTERS										
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT									3
3.01	DCAM CAPITAL									3.01
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6.01	NON-PATIENT PHONES									6.01
6.02	DATA PROCESSING									6.02
6.03	PURCHASING	972413								6.03
6.04	ADMITTING	388	180401							6.04
6.05	CASHIERING/ACCOUNTS RECEIVABLE	176		2941445						6.05
6.06	OTHER ADMIN & GENERAL	5429			8716921					6.06
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT	3298			389561	983072				8
9	LAUNDRY & LINEN SERVICE	3695			32532	1366	65220			9
10	HOUSEKEEPING	7127			206829	28418	32608	879038		10
11	DIETARY	4745			66303	4010		28732	185823	11
12	CAFETERIA	12282			19544	31410		11782		12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION	80			84168	3048		883		14
15	CENTRAL SERVICES & SUPPLY	5173			61516	20640		17407		15
16	PHARMACY	302128			322456	15426		11083		16
17	MEDICAL RECORDS & LIBRARY	604			98722	13930		14723		17
18	SOCIAL SERVICE	3			11411	3288		1602		18
19	OCCUPATIONAL THERAPY									19
19.01	VOLUNTEERS	1			3772	1360		848		19.01
19.02	PATIENT TRANSPORT	238			40808	1987		275		19.02
19.03	MEDICAL ELECTRONICS	25			23709	9256		6472		19.03
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES A				356306					22
23	I&R SERVICES-OTHER PRGM COSTS A	191			540943	22891		16315		23
24	PARAMED ED PRGM-(SPECIFY)				1532					24
INPATIENT ROUTINE SERV COST CENTERS										
25	ADULTS & PEDIATRICS	33172	28246	272078	965783	150903	14281	145569	173497	25
26	INTENSIVE CARE UNIT	14968	9119	88029	261828	29008	2720	22985	7202	26
27	CORONARY CARE UNIT	2850	2167	20919	55819	5437	483	4489	2632	27
28	BURN INTENSIVE CARE UNIT	2183	1729	16700	42016	5665	752	5435	2492	28
29.01	NURSERY SPECIAL CARE	699	1803	17401	40151	8348		160		29.01
30	NURSERY ICU	6786	6150	59380	204700	23006	39	7774		30
31	SUBPROVIDER I									31
33	NURSERY	522	363	3503	25481	1614		2276		33
ANCILLARY SERVICE COST CENTERS										
37	OPERATING ROOM	213612	18615	263087	628940	72373	3487	86080		37
39	DELIVERY ROOM & LABOR ROOM	3649	1575	16381	66792	15787	804	11761		39
40	ANESTHESIOLOGY	12695	5495	81584	66803	2619		7872		40
41	RADIOLOGY-DIAGNOSTIC	36908	10063	295665	525093	82974	982	74595		41
42	RADIOLOGY-THERAPEUTIC	2378	1649	55986	100342	26092	572	38906		42
44	LABORATORY	49236	17163	340597	486062	58572		63702		44
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
47	BLOOD STORING, PROCESSING & TRA	61735	8299	93119	171670	6461		5468		47
49	RESPIRATORY THERAPY	20251	13506	136269	161812	8369		7081		49
50	PHYSICAL THERAPY	1422	941	18539	74859	11600	630	10049		50
53	ELECTROCARDIOLOGY	58084	8669	147621	294948	28013	598	25917		53
54	ELECTROENCEPHALOGRAPHY	556	618	11497	41201	9502	101	6578		54
54.01	BRACE & PLASTER ROOM	731	10	1314	3585	709		737		54.01
55	MEDICAL SUPPLIES CHARGED TO PAT		5561	68283	230843					55
56	DRUGS CHARGED TO PATIENTS		26761	423755	490134					56
57	RENAL DIALYSIS	35017	1986	142596	205595	30768	970	5261		57
OUTPATIENT SERVICE COST CENTERS										
60	CLINIC	51500	2581	164076	842839	187301	4413	216088		60
60.01	DENTAL CLINIC			34	3538	3830				60.01
60.02	TRANSPLANT CLINIC	81	207	2009	21992	1266	22	601		60.02
61	EMERGENCY	10637	5660	169843	233912	27083	1617	13501		61
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RHC									63.50
63.60	FQHC									63.60
OTHER REIMBURSABLE COST CENTERS										
64	HOME PROGRAM DIALYSIS	6043	66	13780	21945	1881				64
65	AMBULANCE SERVICES	644	113	4899	37264	1509		2109		65
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40

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71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
82 LUNG ACQUISITION	94	131	1263	16963	1331				82
83 KIDNEY ACQUISITION	166	620	6055	50059	3253	87	2428		83
84 LIVER ACQUISITION	60	158	1529	22658	736	18	498		84
85 HEART ACQUISITION	110	258	2495	21036	539	23	638		85
85.01 PANCREAS ACQUISITION	24	119	1159	8378	103	13	358		85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	972396	180401	2941445	8685153	963682	65220	879038	185823	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN				2417	9906				96
97.01 OTHER NONREIMBURSABLE	17			29351	9484				97.01
97.02 MEDICAL SCHOOL									97.02
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	972413	180401	2941445	8716921	983072	65220	879038	185823	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	VOLUNTEERS 19.01	PATIENT TRANSPORT 19.02	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
3.01 DCAM CAPITAL									3.01
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 NON-PATIENT PHONES									6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING									6.03
6.04 ADMITTING									6.04
6.05 CASHIERING/ACCOUNTS RECEIVABLE									6.05
6.06 OTHER ADMIN & GENERAL									6.06
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING									10
11 DIETARY									11
12 CAFETERIA	748176								12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	11008	177552							14
15 CENTRAL SERVICES & SUPPLY	10254		665990						15
16 PHARMACY	16936	125	216370	2200546					16
17 MEDICAL RECORDS & LIBRARY	10714		433		1086803				17
18 SOCIAL SERVICE	743		2			81693			18
19 OCCUPATIONAL THERAPY									19
19.01 VOLUNTEERS	323						35617		19.01
19.02 PATIENT TRANSPORT	6059		170					94966	19.02
19.03 MEDICAL ELECTRONICS	1254		18						19.03
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A	120574								22
23 I&R SERVICES-OTHER PRGM COSTS A			136						23
24 PARAMED ED PRGM-(SPECIFY)	526								24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	131607	66374	23754	150	169370	44700	11247	37082	25
26 INTENSIVE CARE UNIT	29036	16394	10718	100	54983	10790		970	26
27 CORONARY CARE UNIT	11578	4478	2041	16	13066	2055		217	27
28 BURN INTENSIVE CARE UNIT	4062	2320	1564	4	10423	2055		285	28
29.01 NURSERY SPECIAL CARE	6865	3710	501		10869	1541		41	29.01
30 NURSERY ICU	23368	11989	4859		37084	5138	2262	1359	30
31 SUBPROVIDER I									31
33 NURSERY	2509	1468	374		2188		101		33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	45979	20960	152964	3674	112246		2388	229	37
39 DELIVERY ROOM & LABOR ROOM	8708	3882	2613	581	9496			1714	39
40 ANESTHESIOLOGY	6839	16	9090	26961	33134				40
41 RADIOLOGY-DIAGNOSTIC	39978	2651	26429	51004	60680		1131	26500	41
42 RADIOLOGY-THERAPEUTIC	7456	751	1703	1865	9943		754	459	42
44 LABORATORY	44110		35257	202	103485		9426	1026	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	7511		44207	4310	50039				47
49 RESPIRATORY THERAPY	19494		14501	110904	81439				49
50 PHYSICAL THERAPY	9823	278	1018	4868	5675			2054	50
53 ELECTROCARDIOLOGY	16331	3296	41593	17057	52269		163	492	53
54 ELECTROENCEPHALOGRAPHY	8631	881	398	189	3724		38		54
54.01 BRACE & PLASTER ROOM	389		523		59				54.01
55 MEDICAL SUPPLIES CHARGED TO PAT					33528				55
56 DRUGS CHARGED TO PATIENTS				1675875	161358				56
57 RENAL DIALYSIS	20523	3616	25075	153395	11975			669	57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	85238	20712	36878	122271	15562	15414	2074	11124	60
60.01 DENTAL CLINIC								270	60.01
60.02 TRANSPLANT CLINIC	1141	410	58	239	1247				60.02
61 EMERGENCY	29326	10142	7617	12714	34126		6033	10427	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
64 HOME PROGRAM DIALYSIS	947	236	4328	12970	396				64
65 AMBULANCE SERVICES	2297	654	461	22	681				65
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40

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 PART III

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	VOLUNTEERS 19.01	PATIENT TRANSPORT 19.02	
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
82 LUNG ACQUISITION	1204	400	67	48	789				82
83 KIDNEY ACQUISITION	2994	1120	119	691	3740				83
84 LIVER ACQUISITION	614	230	43	326	955				84
85 HEART ACQUISITION	787	294	79	9	1558				85
85.01 PANCREAS ACQUISITION	440	165	17	101	716				85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	748176	177552	665978	2200546	1086803	81693	35617	94918	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN									96
97.01 OTHER NONREIMBURSABLE			12					48	97.01
97.02 MEDICAL SCHOOL									97.02
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	748176	177552	665990	2200546	1086803	81693	35617	94966	103

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COST CENTER DESCRIPTION		MEDICAL ELECTRONIC	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
		19.03	22	23	24	25	26	27	
GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT								3
3.01	DCAM CAPITAL								3.01
4	NEW CAP REL COSTS-MVBLE EQUIP								4
5	EMPLOYEE BENEFITS								5
6.01	NON-PATIENT PHONES								6.01
6.02	DATA PROCESSING								6.02
6.03	PURCHASING								6.03
6.04	ADMITTING								6.04
6.05	CASHIERING/ACCOUNTS RECEIVABLE								6.05
6.06	OTHER ADMIN & GENERAL								6.06
7	MAINTENANCE & REPAIRS								7
8	OPERATION OF PLANT								8
9	LAUNDRY & LINEN SERVICE								9
10	HOUSEKEEPING								10
11	DIETARY								11
12	CAFETERIA								12
13	MAINTENANCE OF PERSONNEL								13
14	NURSING ADMINISTRATION								14
15	CENTRAL SERVICES & SUPPLY								15
16	PHARMACY								16
17	MEDICAL RECORDS & LIBRARY								17
18	SOCIAL SERVICE								18
19	OCCUPATIONAL THERAPY								19
19.01	VOLUNTEERS								19.01
19.02	PATIENT TRANSPORT								19.02
19.03	MEDICAL ELECTRONICS	792247							19.03
20	NONPHYSICIAN ANESTHETISTS								20
21	NURSING SCHOOL								21
22	I&R SERVICES-SALARY & FRINGES A		520852						22
23	I&R SERVICES-OTHER PRGM COSTS A			1064675					23
24	PARAMED ED PRGM-(SPECIFY)				2190				24
INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	145897				8556836		8556836	25
26	INTENSIVE CARE UNIT	56172				1475740		1475740	26
27	CORONARY CARE UNIT	18284				458397		458397	27
28	BURN INTENSIVE CARE UNIT	7351				218911		218911	28
29.01	NURSERY SPECIAL CARE	12252				340097		340097	29.01
30	NURSERY ICU	81807				1018056		1018056	30
31	SUBPROVIDER I								31
33	NURSERY	377				78316		78316	33
ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	75587				6832436		6832436	37
39	DELIVERY ROOM & LABOR ROOM	17719				485675		485675	39
40	ANESTHESIOLOGY	942				878432		878432	40
41	RADIOLOGY-DIAGNOSTIC	11875				9018525		9018525	41
42	RADIOLOGY-THERAPEUTIC	1508				2087449		2087449	42
44	LABORATORY	34306				5213025		5213025	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO								46.30
47	BLOOD STORING, PROCESSING & TRA	2639				679304		679304	47
49	RESPIRATORY THERAPY	133643				1170765		1170765	49
50	PHYSICAL THERAPY	7540				442802		442802	50
53	ELECTROCARDIOLOGY	16399				3419969		3419969	53
54	ELECTROENCEPHALOGRAPHY					410888		410888	54
54.01	BRACE & PLASTER ROOM					20035		20035	54.01
55	MEDICAL SUPPLIES CHARGED TO PAT					338290		338290	55
56	DRUGS CHARGED TO PATIENTS					2780768		2780768	56
57	RENAL DIALYSIS	5843				1337480		1337480	57
OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	75587				10369957		10369957	60
60.01	DENTAL CLINIC					82005		82005	60.01
60.02	TRANSPLANT CLINIC					57504		57504	60.02
61	EMERGENCY	40904				1373634		1373634	61
62	OBSERVATION BEDS (NON-DISTINCT								62
63.50	RHC								63.50
63.60	FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									
64	HOME PROGRAM DIALYSIS					99627		99627	64
65	AMBULANCE SERVICES	23185				339999		339999	65
69.10	CMHC								69.10
69.20	OUTPATIENT PHYSICAL THERAPY								69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	OUTPATIENT SPEECH PATHOLOGY								69.40

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COST CENTER DESCRIPTION	MEDICAL ELECTRONIC 19.03	I&R SALARY & FRINGES 22	I&R PROGRAM COSTS 23	PARAMED EDUCATION 24	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
82 LUNG ACQUISITION					58571		58571	82
83 KIDNEY ACQUISITION	565				129037		129037	83
84 LIVER ACQUISITION					42972		42972	84
85 HEART ACQUISITION					38704		38704	85
85.01 PANCREAS ACQUISITION					13807		13807	85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	770382				59868013		59868013	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN					204133		204133	96
97.01 OTHER NONREIMBURSABLE	21865				255599		255599	97.01
97.02 MEDICAL SCHOOL								97.02
101 CROSS FOOT ADJUSTMENTS		520852	1064675	2190	1587717		1587717	101
102 NEGATIVE COST CENTER								102
103 TOTAL	792247	520852	1064675	2190	61915462		61915462	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET	DCAM SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	NON PATIENT PHONES NUMBER OF PHONES	DATA PROCESSING MACHINE TIME	PURCHASING ADMIT, REC AND STORES COSTED REQUIS	
	3	3.01	4	5	6.01	6.02	6.03	
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	812095							3
3.01 DCAM CAPITAL		299467						3.01
4 NEW CAP REL COSTS-MVBLE EQUIP			34578828					4
5 EMPLOYEE BENEFITS	20087		97649	378306825				5
6.01 NON-PATIENT PHONES			8449	1191087	149			6.01
6.02 DATA PROCESSING	51970	3980	13591643	12232295	1	12634836		6.02
6.03 PURCHASING	44322		11054	2351631	1		156682627	6.03
6.04 ADMITTING	4360	4145	6739	2140907	1		62592	6.04
6.05 CASHIERING/ACCOUNTS RECEIVABL	10922		1028	3846852	1	2063539	28287	6.05
6.06 OTHER ADMIN & GENERAL	76238	4179	3027444	37021335	100	2690505	874760	6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT	8792	541	340073	5178616	1		531354	8
9 LAUNDRY & LINEN SERVICE	1226		473	390239	1		595398	9
10 HOUSEKEEPING	19136	6361	53094	11011524	1		1148392	10
11 DIETARY	3598		202	2840839	1		764637	11
12 CAFETERIA	17506	10675	88673	1234293	1		1979040	12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	2735		10785	4951560	1		12920	14
15 CENTRAL SERVICES & SUPPLY	13363	5155	146927	2442306	1		833604	15
16 PHARMACY	11688	2152	528122	11844652	1	315516	48676683	16
17 MEDICAL RECORDS & LIBRARY	12498		19337	3080389	1	498277	97325	17
18 SOCIAL SERVICE	2950			630430	1		412	18
19 OCCUPATIONAL THERAPY								19
19.01 VOLUNTEERS	1220		2390	150020	1		111	19.01
19.02 PATIENT TRANSPORT	1783		2760	2619735	1		38301	19.02
19.03 MEDICAL ELECTRONICS	8305		506907	765403	1		4091	19.03
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES				30599865				22
23 I&R SERVICES-OTHER PRGM COSTS	20538		10859	19946629	1		30698	23
24 PARAMED ED PRGM--(SPECIFY)				92110				24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	135392		1126201	47595207	1	1440581	5345126	25
26 INTENSIVE CARE UNIT	26026		247902	13695789	1		2411807	26
27 CORONARY CARE UNIT	4878		179372	3082852	1		459180	27
28 BURN INTENSIVE CARE UNIT	5083		1007	2066747	1		351833	28
29.01 NURSERY SPECIAL CARE	7490		63223	1955318	1		112710	29.01
30 NURSERY ICU	20641		70998	11719108	1		1093396	30
31 SUBPROVIDER I								31
33 NURSERY	1448		3611	1495036	1		84129	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	45226	19708	3239810	19456501	2	92138	34420261	37
39 DELIVERY ROOM & LABOR ROOM	14164		12004	3439581	1		587932	39
40 ANESTHESIOLOGY	1364	986	506664	4280937	1		2045543	40
41 RADIOLOGY-DIAGNOSTIC	41289	33156	4915320	17231188	1	548149	5947112	41
42 RADIOLOGY-THERAPEUTIC		23410	1248936	3693052	1		383249	42
44 LABORATORY	48324	4227	679384	15420176		1577210	7933657	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T	3367	2430	91604	2664984	1		9947622	47
49 RESPIRATORY THERAPY	3980	3529	247600	6406492	1	19389	3263156	49
50 PHYSICAL THERAPY	9491	917	31241	3914306	1	23820	229106	50
53 ELECTROCARDIOLOGY	11658	13479	1954755	6996869	1		9359367	53
54 ELECTROENCEPHALOGRAPHY	4715	3810	135562	2304532	1		89614	54
54.01 BRACE & PLASTER ROOM		636	182	113408	1		117774	54.01
55 MEDICAL SUPPLIES CHARGED TO P					1			55
56 DRUGS CHARGED TO PATIENTS			2494		1			56
57 RENAL DIALYSIS	27605		79098	6445236	1		5642496	57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	14822	153227	864815	30618490	1	3363496	8298342	60
60.01 DENTAL CLINIC	3436			73787	1			60.01
60.02 TRANSPLANT CLINIC	710	426	3087	1186659			12977	60.02
61 EMERGENCY	24299		194668	11343969	1		1714035	61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
64 HOME PROGRAM DIALYSIS	1688		38	392727			973812	64
65 AMBULANCE SERVICES	1354		209038	940920	1		103745	65
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20

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COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET 3	DCAM SQUARE FEET 3.01	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE 4	EMPLOYEE BENEFITS GROSS SALARIES 5	NON PATIENT PHONES NUMBER OF PHONES 6.01	DATA PROCESSING MACHINE TIME 6.02	PURCHASING ADMIT, REC AND STORES COSTED REQUIS 6.03	
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
82 LUNG ACQUISITION	1194		8856	320957	1		15151	82
SPECIAL PURPOSE COST CENTERS								
83 KIDNEY ACQUISITION	629	2290	750	774305	1		26807	83
84 LIVER ACQUISITION	660			576866	1		9714	84
85 HEART ACQUISITION	484			249358	1		17665	85
85.01 PANCREAS ACQUISITION	92			107010	1		3894	85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	794746	299419	34572828	377125084	149	12632620	156679817	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	8888							96
97.01 OTHER NONREIMBURSABLE	8461	48	6000	1181741		2216	2810	97.01
97.02 MEDICAL SCHOOL								97.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	17525672	5431378	38958412	13407497	429777	37684816	7251364	103
104 UNIT COST MULT-WS B PT I		18.136816		.035441		2.982612		104
104 UNIT COST MULT-WS B PT I	21.580815		1.126655		2884.409396		.046281	104
105 COST TO BE ALLOC PER B PT II								105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III				543511	11231	16524486	972413	107
108 UNIT COST MULT-WS B PT III				.001437		1.307851		108
108 UNIT COST MULT-WS B PT III					75.375839		.006206	108

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COST CENTER DESCRIPTION	ADMITTING	CASHIERING	RECON- CILATION	OTHER ADMIN & GEERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED
	INPATIENT REVENUE 6.04	RECEIVABLE GROSS REVENUE 6.05		6.06	8	9	10	11
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
3.01 DCAM CAPITAL								3.01
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 NON-PATIENT PHONES								6.01
6.02 DATA PROCESSING								6.02
6.03 PURCHASING								6.03
6.04 ADMITTING	1782145403							6.04
6.05 CASHIERING/ACCOUNTS RECEIVABL		3015661257						6.05
6.06 OTHER ADMIN & GENERAL			-111867783	691646187				6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT				30910195	882023			8
9 LAUNDRY & LINEN SERVICE				2581273	1226	163530		9
10 HOUSEKEEPING				16411097	25497	81765	752264	10
11 DIETARY				5260913	3598		24588	11
12 CAFETERIA				1550746	28181		10083	12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION				6678374	2735		756	14
15 CENTRAL SERVICES & SUPPLY				4881093	18518		14897	15
16 PHARMACY				25585617	13840		9485	16
17 MEDICAL RECORDS & LIBRARY				7833226	12498		12600	17
18 SOCIAL SERVICE				905381	2950		1371	18
19 OCCUPATIONAL THERAPY								19
19.01 VOLUNTEERS				299319	1220		726	19.01
19.02 PATIENT TRANSPORT				3237952	1783		235	19.02
19.03 MEDICAL ELECTRONICS				1881216	8305		5539	19.03
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES				28271487				22
23 I&R SERVICES-OTHER PRGM COSTS				42921730	20538		13962	23
24 PARAMED ED PRGM-(SPECIFY)				121520				24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	275686748	279054557		76623083	135392	35807	124575	25
26 INTENSIVE CARE UNIT	90283608	90286601		20775030	26026	6820	19670	26
27 CORONARY CARE UNIT	21455657	21455657		4429037	4878	1210	3842	27
28 BURN INTENSIVE CARE UNIT	17115387	17128133		3333779	5083	1886	4651	28
29.01 NURSERY SPECIAL CARE	17847444	17847594		3185809	7490		137	29.01
30 NURSERY ICU	60893530	60902399		16242151	20641	98	6653	30
31 SUBPROVIDER I								31
33 NURSERY	3592518	3593010		2021823	1448		1948	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	184311382	269833312		49903958	64934	8742	73666	37
39 DELIVERY ROOM & LABOR ROOM	15592395	16801010		5299720	14164	2017	10065	39
40 ANESTHESIOLOGY	54406557	83675959		5300540	2350		6737	40
41 RADIOLOGY-DIAGNOSTIC	99638613	303246643		41664089	74445	2463	63837	41
42 RADIOLOGY-THERAPEUTIC	16326611	57422050		7961735	23410	1434	33295	42
44 LABORATORY	169926763	349330658		38567142	52551		54515	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T	82165642	95506393		13621389	5797		4679	47
49 RESPIRATORY THERAPY	133725828	139763252		12839155	7509		6060	49
50 PHYSICAL THERAPY	9319253	19013847		5939739	10408	1580	8600	50
53 ELECTROCARDIOLOGY	85828369	151406177		23403035	25134	1500	22179	53
54 ELECTROENCEPHALOGRAPHY	6114669	11792040		3269161	8525	253	5629	54
54.01 BRACE & PLASTER ROOM	96585	1348037		284487	636		631	54.01
55 MEDICAL SUPPLIES CHARGED TO P	55054633	70033938		18316513				55
56 DRUGS CHARGED TO PATIENTS	264955833	433410735		38890252				56
57 RENAL DIALYSIS	19664082	146252740		16313141	27605	2431	4502	57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	25552698	168283539		66876072	168049	11065	184922	60
60.01 DENTAL CLINIC		35381		280735	3436			60.01
60.02 TRANSPLANT CLINIC	2047097	2060040		1744972	1136	54	514	60.02
61 EMERGENCY	56036910	174198381		18560041	24299	4054	11554	61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
64 HOME PROGRAM DIALYSIS	650763	14132872		1741237	1688			64
65 AMBULANCE SERVICES	1117413	5024957		2956792	1354		1805	65
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMITTING	CASHIERING	RECON- CILATION	OTHER	OPERATION	LAUNDRY	HOUSE-	DIETARY
	INPATIENT REVENUE	ACCOUNTS RECEIVABLE GROSS REVENUE		ADMIN & GEERAL ACCUM COST	OF PLANT SQUARE FEET	& LINEN SERVICE POUNDS OF LAUNDRY	KEEPING HOURS OF SERVICE	
	6.04	6.05	6A.06	6.06	8	9	10	11
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
82 LUNG ACQUISITION	1295130	1295130		1345921	1194			82
SPECIAL PURPOSE COST CENTERS								
83 KIDNEY ACQUISITION	6140728	6210332		3972014	2919	217	2078	83
84 LIVER ACQUISITION	1568214	1568214		1797852	660	45	426	84
85 HEART ACQUISITION	2558625	2558625		1669161	484	57	546	85
85.01 PANCREAS ACQUISITION	1175718	1189044		664746	92	32	306	85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	1782145403	3015661257	-111867783	689125450	864626	163530	752264	258019
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C				191810	8888			96
97.01 OTHER NONREIMBURSABLE				2328927	8509			97.01
97.02 MEDICAL SCHOOL								97.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	2944685	16298451		111867783	35909641	3048685	21627839	6965216
104 UNIT COST MULT-WS B PT I	.001652				40.712817		28.750331	
104 UNIT COST MULT-WS B PT I		.005405		.161741		18.642971		26.994973
105 COST TO BE ALLOC PER B PT II								
106 UNIT COST MULT-WS B PT II								
106 UNIT COST MULT-WS B PT II								
107 COST TO BE ALLOC PER B PT III	180401	2941445		8716921	983072	65220	879038	185823
108 UNIT COST MULT-WS B PT III	.000101				1.114565		1.168523	
108 UNIT COST MULT-WS B PT III		.000975		.012603		.398826		.720191

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL	VOLUNTEERS	PATIENT
	ADMINIS-	SERVICES &	PHARMACY	RECORDS &	SERVICE			TRANSPORT
	TRATION	SUPPLY	COSTED	LIBRARY	INPATIENT	TIME	VOLUNTEER	NUMBER OF
	FTES	DIRECT	REQUIS.	REQUIS.	REVENUE	SPENT	HOURS	TRANSPORTS
	12	14	15	16	17	18	19.01	19.02
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
3.01 DCAM CAPITAL								3.01
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 NON-PATIENT PHONES								6.01
6.02 DATA PROCESSING								6.02
6.03 PURCHASING								6.03
6.04 ADMITTING								6.04
6.05 CASHIERING/ACCOUNTS RECEIVABL								6.05
6.06 OTHER ADMIN & GENERAL								6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA	426752							12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	6279	173064						14
15 CENTRAL SERVICES & SUPPLY	5849		149851643					15
16 PHARMACY	9660	122	48676683	48335438				16
17 MEDICAL RECORDS & LIBRARY	6111		97325		1785145403			17
18 SOCIAL SERVICE	424		412			318		18
19 OCCUPATIONAL THERAPY								19
19.01 VOLUNTEERS	184		111				28340	19.01
19.02 PATIENT TRANSPORT	3456		38301					19.02
19.03 MEDICAL ELECTRONICS	715		4091					19.03
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES	68774							22
23 I&R SERVICES-OTHER PRGM COSTS			30698					23
24 PARAMED ED PRGM-(SPECIFY)	300							24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	75067	64694	5345126	3298	278686748	174	8950	15359
26 INTENSIVE CARE UNIT	16562	15980	2411807	2190	90283608	42		402
27 CORONARY CARE UNIT	6604	4365	459180	346	21455657	8		90
28 BURN INTENSIVE CARE UNIT	2317	2261	351833	83	17115387	8		118
29.01 NURSERY SPECIAL CARE	3916	3616	112710		17847444	6		17
30 NURSERY ICU	13329	11686	1093396		60893530	20	1800	563
31 SUBPROVIDER I								31
33 NURSERY	1431	1431	84129		3592518		80	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	26226	20430	34420261	80692	184311382		1900	95
39 DELIVERY ROOM & LABOR ROOM	4967	3784	587932	12764	15592395			710
40 ANESTHESIOLOGY	3901	16	2045543	592201	54406557			40
41 RADIOLOGY-DIAGNOSTIC	22803	2584	5947112	1120293	99638613		900	10977
42 RADIOLOGY-THERAPEUTIC	4253	732	383249	40954	16326611		600	190
44 LABORATORY	25160		7933657	4435	169926763		7500	425
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T	4284		9947622	94666	82165642			47
49 RESPIRATORY THERAPY	11119		3263156	2436015	133725828			49
50 PHYSICAL THERAPY	5603	271	229106	106916	9319253			851
53 ELECTROCARDIOLOGY	9315	3213	9359367	374656	85828369		130	204
54 ELECTROENCEPHALOGRAPHY	4923	859	89614	4152	6114669		30	54
54.01 BRACE & PLASTER ROOM	222		117774		96585			54.01
55 MEDICAL SUPPLIES CHARGED TO P					55054633			55
56 DRUGS CHARGED TO PATIENTS				36811098	264955833			56
57 RENAL DIALYSIS	11706	3525	5642496	3369316	19664082			277
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	48619	20188	8298342	2685682	25552698	60	1650	4608
60.01 DENTAL CLINIC								112
60.02 TRANSPLANT CLINIC	651	400	12977	5255	2047097			60.02
61 EMERGENCY	16727	9886	1714035	279272	56036910		4800	4319
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
64 HOME PROGRAM DIALYSIS	540	230	973812	284884	650763			64
65 AMBULANCE SERVICES	1310	637	103745	480	1117413			65
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA FTES 12	NURSING ADMINIS- TRATION DIRECT NRSING HRS 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS & LIBRARY INPATIENT REVENUE 17	SOCIAL SERVICE TIME SPENT 18	VOLUNTEERS VOLUNTEER HOURS 19.01	PATIENT TRANSPORT NUMBER OF TRANSPORTS 19.02
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
82 LUNG ACQUISITION	687	390	15151	1044	1295130			82
SPECIAL PURPOSE COST CENTERS								
83 KIDNEY ACQUISITION	1708	1092	26807	15171	6140728			83
84 LIVER ACQUISITION	350	224	9714	7158	1568214			84
85 HEART ACQUISITION	449	287	17665	193	2558625			85
85.01 PANCREAS ACQUISITION	251	161	3894	2224	1175718			85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	426752	173064	149848833	48335438	1785145403	318	28340	39317 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C								96
97.01 OTHER NONREIMBURSABLE			2810					20 97.01
97.02 MEDICAL SCHOOL								97.02
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	3238783	7939280	6897170	32879322	10022122	1214575	419675	3869001 103
104 UNIT COST MULT-WS B PT I	7.589380		.046027		.005614		14.808574	104
104 UNIT COST MULT-WS B PT I		45.874821		.680232		3819.418239		98.355263 104
105 COST TO BE ALLOC PER B PT II								105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III	748176	177552	665990	2200546	1086803	81693	35617	94966 107
108 UNIT COST MULT-WS B PT III	1.753187		.004444		.000609		1.256775	108
108 UNIT COST MULT-WS B PT III		1.025933		.045527		256.896226		2.414165 108

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WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL	I&R	I&R	PARAMED
	ELECTRONIC	SALARY &	PROGRAM	EDUCATION
	HOURS	FRINGES	COSTS	ASSIGNED
	WORKED	ASSIGNED	ASSIGNED	ASSIGNED
	19.03	TIME	TIME	TIME
		22	23	24
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
3.01 DCAM CAPITAL				3.01
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6.01 NON-PATIENT PHONES				6.01
6.02 DATA PROCESSING				6.02
6.03 PURCHASING				6.03
6.04 ADMITTING				6.04
6.05 CASHIERING/ACCOUNTS RECEIVABL				6.05
6.06 OTHER ADMIN & GENERAL				6.06
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE				18
19 OCCUPATIONAL THERAPY				19
19.01 VOLUNTEERS				19.01
19.02 PATIENT TRANSPORT				19.02
19.03 MEDICAL ELECTRONICS	4203			19.03
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES		8400		22
23 I&R SERVICES-OTHER PRGM COSTS			8400	23
24 PARAMED ED PRGM-(SPECIFY)				100
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	774	3601	3601	25
26 INTENSIVE CARE UNIT	298	291	291	26
27 CORONARY CARE UNIT	97	28	28	27
28 BURN INTENSIVE CARE UNIT	39	6	6	28
29.01 NURSERY SPECIAL CARE	65	48	48	29.01
30 NURSERY ICU	434	181	181	30
31 SUBPROVIDER I				31
33 NURSERY	2	55	55	33
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	401	357	357	37
39 DELIVERY ROOM & LABOR ROOM	94	135	135	39
40 ANESTHESIOLOGY	5	101	101	40
41 RADIOLOGY-DIAGNOSTIC	63	328	328	41
42 RADIOLOGY-THERAPEUTIC	8	90	90	42
44 LABORATORY	182	313	313	44
46.30 BLOOD CLOTTING FACTORS ADMIN				46.30
47 BLOOD STORING, PROCESSING & T	14	28	28	47
49 RESPIRATORY THERAPY	709			49
50 PHYSICAL THERAPY	40			50
53 ELECTROCARDIOLOGY	87	25	25	53
54 ELECTROENCEPHALOGRAPHY		96	96	54
54.01 BRACE & PLASTER ROOM				54.01
55 MEDICAL SUPPLIES CHARGED TO P				55
56 DRUGS CHARGED TO PATIENTS				56
57 RENAL DIALYSIS	31	29	29	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	401	1402	1402	60
60.01 DENTAL CLINIC		24	24	60.01
60.02 TRANSPLANT CLINIC				60.02
61 EMERGENCY	217	476	476	61
62 OBSERVATION BEDS (NON-DISTINC				62
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
64 HOME PROGRAM DIALYSIS				64
65 AMBULANCE SERVICES	123			65
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL ELECTRONIC HOURS WORKED 19.03	I&R SALARY & FRINGES ASSIGNED TIME 22	I&R PROGRAM COSTS ASSIGNED TIME 23	PARAMED EDUCATION ASSIGNED TIME 24	
69.30 OUTPATIENT OCCUPATIONAL THERA					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
82 LUNG ACQUISITION					82
SPECIAL PURPOSE COST CENTERS					
83 KIDNEY ACQUISITION	3				83
84 LIVER ACQUISITION					84
85 HEART ACQUISITION					85
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
95 SUBTOTALS	4087	7614	7614	100	95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & C					96
97.01 OTHER NONREIMBURSABLE	116	786	786		97.01
97.02 MEDICAL SCHOOL					97.02
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 COST TO BE ALLOC PER B PT I	2688468	33366098	51102919	143452	103
104 UNIT COST MULT-WS B PT I	639.654532		6083.680833		104
104 UNIT COST MULT-WS B PT I		3972.154524		1434.520000	104
105 COST TO BE ALLOC PER B PT II					105
106 UNIT COST MULT-WS B PT II					106
106 UNIT COST MULT-WS B PT II					106
107 COST TO BE ALLOC PER B PT III	792247	520852	1064675	2190	107
108 UNIT COST MULT-WS B PT III	188.495598		126.747024		108
108 UNIT COST MULT-WS B PT III		62.006190		21.900000	108

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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION		TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	113434463		113434463		113434463	25
26	INTENSIVE CARE UNIT	28026107		28026107		28026107	26
27	CORONARY CARE UNIT	6069287		6069287		6069287	27
28	BURN INTENSIVE CARE UNIT	4642965		4642965		4642965	28
29.01	NURSERY SPECIAL CARE	4377117		4377117		4377117	29.01
30	NURSERY ICU	21368090		21368090		21368090	30
31	SUBPROVIDER I						31
33	NURSERY	2566804		2566804		2566804	33
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	67004136		67004136	138539	67142675	37
39	DELIVERY ROOM & LABOR ROOM	7525058		7525058		7525058	39
40	ANESTHESIOLOGY	7283181		7283181		7283181	40
41	RADIOLOGY-DIAGNOSTIC	56335031		56335031	183647	56518678	41
42	RADIOLOGY-THERAPEUTIC	11565692		11565692	59779	11625471	42
44	LABORATORY	50294232		50294232	44605	50338837	44
46.30	BLOOD CLOTTING FACTORS ADMI						46.30
47	BLOOD STORING, PROCESSING &	17220061		17220061		17220061	47
49	RESPIRATORY THERAPY	18491599		18491599		18491599	49
50	PHYSICAL THERAPY	7900718		7900718		7900718	50
53	ELECTROCARDIOLOGY	30340366		30340366	339120	30679486	53
54	ELECTROENCEPHALOGRAPHY	4430038		4430038	10978	4441016	54
54.01	BRACE & PLASTER ROOM	382182		382182		382182	54.01
55	MEDICAL SUPPLIES CHARGED TO	21588121		21588121		21588121	55
56	DRUGS CHARGED TO PATIENTS	71707960		71707960		71707960	56
57	RENAL DIALYSIS	23209918		23209918		23209918	57
OUTPATIENT SERVICE COST CENTERS							
60	CLINIC	94667991		94667991	1651269	96319260	60
60.01	DENTAL CLINIC	477046		477046		477046	60.01
60.02	TRANSPLANT CLINIC	2128196		2128196		2128196	60.02
61	EMERGENCY	24757603		24757603	281344	25038947	61
62	OBSERVATION BEDS (NON-DISTI	2948520		2948520		2948520	62
63.50	RHC						63.50
63.60	FQHC						63.60
OTHER REIMBURSABLE COST CENTERS							
64	HOME PROGRAM DIALYSIS	2348500		2348500		2348500	64
65	AMBULANCE SERVICES	3671262		3671262		3671262	65
101	SUBTOTAL	706762244		706762244	2709281	709471525	101
102	LESS OBSERVATION BEDS	2948520		2948520		2948520	102
103	TOTAL	703813724		703813724	2709281	706523005	103

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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	CHARGES			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11	
	INPATIENT 6	OUTPATIENT 7	TOTAL 8				
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	278686748		278686748			25	
26 INTENSIVE CARE UNIT	90283608		90283608			26	
27 CORONARY CARE UNIT	21455657		21455657			27	
28 BURN INTENSIVE CARE UNIT	17115387		17115387			28	
29.01 NURSERY SPECIAL CARE	17847444		17847444			29.01	
30 NURSERY ICU	60893530		60893530			30	
31 SUBPROVIDER I						31	
33 NURSERY	3592518		3592518			33	
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	184311382	85521930	269833312	.248317	.248317	.248830 37	
39 DELIVERY ROOM & LABOR ROOM	15592395	1208615	16801010	.447893	.447893	.447893 39	
40 ANESTHESIOLOGY	54406557	29269402	83675959	.087040	.087040	.087040 40	
41 RADIOLOGY-DIAGNOSTIC	99638613	203608030	303246643	.185773	.185773	.186379 41	
42 RADIOLOGY-THERAPEUTIC	16326611	41095439	57422050	.201416	.201416	.202457 42	
44 LABORATORY	169926763	179403895	349330658	.143973	.143973	.144101 44	
46.30 BLOOD CLOTTING FACTORS ADMI						46.30	
47 BLOOD STORING, PROCESSING &	82165642	13340751	95506393	.180303	.180303	.180303 47	
49 RESPIRATORY THERAPY	133725828	6037424	139763252	.132307	.132307	.132307 49	
50 PHYSICAL THERAPY	9319253	9694594	19013847	.415524	.415524	.415524 50	
53 ELECTROCARDIOLOGY	85828369	65577808	151406177	.200391	.200391	.202630 53	
54 ELECTROENCEPHALOGRAPHY	6114669	5677371	11792040	.375680	.375680	.376611 54	
54.01 BRACE & PLASTER ROOM	96585	1251452	1348037	.283510	.283510	.283510 54.01	
55 MEDICAL SUPPLIES CHARGED TO	55054633	14979305	70033938	.308252	.308252	.308252 55	
56 DRUGS CHARGED TO PATIENTS	264955833	168454902	433410735	.165450	.165450	.165450 56	
57 RENAL DIALYSIS	19664082	126588658	146252740	.158697	.158697	.158697 57	
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	25552698	142730841	168283539	.562551	.562551	.572363 60	
60.01 DENTAL CLINIC		35381	35381	13.483112	13.483112	13.483112 60.01	
60.02 TRANSPLANT CLINIC		226351	226351	9.402194	9.402194	9.402194 60.02	
61 EMERGENCY	56036910	118161471	174198381	.142123	.142123	.143738 61	
62 OBSERVATION BEDS (NON-DISTI	894200	4648509	5542709	.531964	.531964	.531964 62	
63.50 RHC						63.50	
63.60 FQHC						63.60	
OTHER REIMBURSABLE COST CENTERS							
64 HOME PROGRAM DIALYSIS	650763	13482109	14132872	.166173	.166173	.166173 64	
65 AMBULANCE SERVICES	1117413	3907544	5024957	.730606	.730606	.730606 65	
101 SUBTOTAL	1771254091	1234901782	3006155873			101	
102 LESS OBSERVATION BEDS						102	
103 TOTAL	1771254091	1234901782	3006155873			103	

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

CHECK [] TITLE V
APPLICABLE [XX] TITLE XVIII-PT A
BOXES [] TITLE XIX

		----- OLD CAPITAL -----		----- NEW CAPITAL -----				
COST CENTER DESCRIPTION		CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS				8556836		8556836	25
26	INTENSIVE CARE UNIT				1475740		1475740	26
27	CORONARY CARE UNIT				458397		458397	27
28	BURN INTENSIVE CARE UNIT				218911		218911	28
29	SURGICAL INTENSIVE CARE UNIT							29
29.01	NURSERY SPECIAL CARE				340097		340097	29.01
30	NURSERY ICU				1018056		1018056	30
31	SUBPROVIDER I							31
33	NURSERY				78316		78316	33
101	TOTAL				12146353		12146353	101

		----- OLD CAPITAL -----			----- NEW CAPITAL -----			
COST CENTER DESCRIPTION		TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS	100642	33565			85.02	2853696	25
26	INTENSIVE CARE UNIT	19418	6028			76.00	458128	26
27	CORONARY CARE UNIT	4166	1130			110.03	124334	27
28	BURN INTENSIVE CARE UNIT	2646	587			82.73	48563	28
29	SURGICAL INTENSIVE CARE UNIT							29
29.01	NURSERY SPECIAL CARE	6670				50.99		29.01
30	NURSERY ICU	14083				72.29		30
31	SUBPROVIDER I							31
33	NURSERY	3073				25.49		33
101	TOTAL	150698	41310				3484721	101

PROVIDER NO. 14-0088 UNIVERSITY OF CHICAGO HOSPITAL
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KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/96)

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0088) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST 1	CAPITAL RELATED COST 2			RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8
37 ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		6832436	269833312	55086698			.025321	1394850 37
39 DELIVERY ROOM & LABOR ROOM		485675	16801010	314050			.028907	9078 39
40 ANESTHESIOLOGY		878432	83675959	15430535			.010498	161990 40
41 RADIOLOGY-DIAGNOSTIC		9018525	303246643	36927757			.029740	1098231 41
42 RADIOLOGY-THERAPEUTIC		2087449	57422050	5445489			.036353	197960 42
44 LABORATORY		5213025	349330658	66250603			.014923	988658 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		679304	95506393	27926606			.007113	198642 47
49 RESPIRATORY THERAPY		1170765	139763252	27661491			.008377	231720 49
50 PHYSICAL THERAPY		442802	19013847	3608775			.023288	84041 50
53 ELECTROCARDIOLOGY		3419969	151406177	37401994			.022588	844836 53
54 ELECTROENCEPHALOGRAPHY		410888	11792040	1114356			.034845	38830 54
54.01 BRACE & PLASTER ROOM		20035	1348037	34414			.014862	511 54.01
55 MEDICAL SUPPLIES CHARGED TO P		338290	70033938	22726815			.004830	109771 55
56 DRUGS CHARGED TO PATIENTS		2780768	433410735	84361081			.006416	541261 56
57 RENAL DIALYSIS		1337480	146252740	9941869			.009145	90918 57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		10369957	168283539	8928515			.061622	550193 60
60.01 DENTAL CLINIC		82005	35381				2.317769	60.01
60.02 TRANSPLANT CLINIC		57504	226351				.254048	60.02
61 EMERGENCY		1373634	174198381	17776636			.007885	140169 61
62 OBSERVATION BEDS (NON-DISTINC		222419	5542709				.040128	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
64 HOME PROGRAM DIALYSIS		99627	14132872	365731			.007049	2578 64
65 AMBULANCE SERVICES								65
101 TOTAL		47320989	2511256024	421303415				6684237 101

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WORKSHEET D
PART III

	INPAT ROUTINE SERV COST CTRS	
25	ADULTS & PEDIATRICS	25
26	INTENSIVE CARE UNIT	26
27	CORONARY CARE UNIT	27
28	BURN INTENSIVE CARE UNIT	28
29	SURGICAL INTENSIVE CARE UNIT	29
29.01	NURSERY SPECIAL CARE	29.01
30	NURSERY ICU	30
31	SUBPROVIDER I	31
33	NURSERY	33
34	SKILLED NURSING FACILITY	34
35	NURSING FACILITY	35
101	TOTAL	101

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK [] TITLE V
APPLICABLE [XX] TITLE XVIII-PT A
BOXES [] TITLE XIX

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
INPAT ROUTINE SERV COST CTRS					
25 ADULTS & PEDIATRICS	100642		33565		25
26 INTENSIVE CARE UNIT	19418		6028		26
27 CORONARY CARE UNIT	4166		1130		27
28 BURN INTENSIVE CARE UNIT	2646		587		28
29 SURGICAL INTENSIVE CARE UNIT					29
29.01 NURSERY SPECIAL CARE	6670				29.01
30 NURSERY ICU	14083				30
31 SUBPROVIDER I					31
33 NURSERY	3073				33
34 SKILLED NURSING FACILITY					34
35 NURSING FACILITY					35
101 TOTAL	150698		41310		101

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0088)	[]	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[]	TITLE XIX	[]	SUB II	[]	NF		
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	NONPHYSICIAN	OUTPATIENT	NURSING	ALLIED	ALL OTHER	ADMINISTERING	TOTAL			
	ANESTHETIST	NONPHYSICIAN						SCHOOL	MEDICAL	BLOOD CLOTTING
	COST	ANESTHETIST						HEALTH	EDUCATION	FACTORS COST
	1	COST	COST	COSTS	COSTS	COSTS	COSTS			
	1	1.01	2	2.01	2.02	2.03	3			
ANCILLARY SERVICE COST CENTERS										
37 OPERATING ROOM							37			
39 DELIVERY ROOM & LABOR ROOM							39			
40 ANESTHESIOLOGY							40			
41 RADIOLOGY-DIAGNOSTIC							41			
42 RADIOLOGY-THERAPEUTIC				143452			143452			
44 LABORATORY							44			
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30			
47 BLOOD STORING, PROCESSING & T							47			
49 RESPIRATORY THERAPY							49			
50 PHYSICAL THERAPY							50			
53 ELECTROCARDIOLOGY							53			
54 ELECTROENCEPHALOGRAPHY							54			
54.01 BRACE & PLASTER ROOM							54.01			
55 MEDICAL SUPPLIES CHARGED TO P							55			
56 DRUGS CHARGED TO PATIENTS							56			
57 RENAL DIALYSIS							57			
OUTPATIENT SERVICE COST CENTERS										
60 CLINIC							60			
60.01 DENTAL CLINIC							60.01			
60.02 TRANSPLANT CLINIC							60.02			
61 EMERGENCY							61			
62 OBSERVATION BEDS (NON-DISTINC							62			
63.50 RHC							63.50			
63.60 FQHC							63.60			
OTHER REIMBURSABLE COST CENTERS										
64 HOME PROGRAM DIALYSIS							64			
65 AMBULANCE SERVICES							65			
101 TOTAL				143452			143452 101			

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0088)	[]	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[]	TITLE XIX	[]	SUB II	[]	NF		
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION		OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		269833312			55086698		18110022	37
39	DELIVERY ROOM & LABOR ROOM		16801010			314050		6430	39
40	ANESTHESIOLOGY		83675959			15430535		6705294	40
41	RADIOLOGY-DIAGNOSTIC		303246643			36927757		60206432	41
42	RADIOLOGY-THERAPEUTIC	143452	57422050	.002498	.002498	5445489	13603	15166765	42
44	LABORATORY		349330658			66250603		5226847	44
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
47	BLOOD STORING, PROCESSING & T		95506393			27926606		2866555	47
49	RESPIRATORY THERAPY		139763252			27661491		1448899	49
50	PHYSICAL THERAPY		19013847			3608775		65438	50
53	ELECTROCARDIOLOGY		151406177			37401994		27147804	53
54	ELECTROENCEPHALOGRAPHY		11792040			1114356		1467929	54
54.01	BRACE & PLASTER ROOM		1348037			34414		127938	54.01
55	MEDICAL SUPPLIES CHARGED TO P		70033938			22726815		4440306	55
56	DRUGS CHARGED TO PATIENTS		433410735			84361081		38721356	56
57	RENAL DIALYSIS		146252740			9941869		20638211	57
OUTPATIENT SERVICE COST CENTERS									
60	CLINIC		168283539			8928515		50824178	60
60.01	DENTAL CLINIC		35381						60.01
60.02	TRANSPLANT CLINIC		226351						60.02
61	EMERGENCY		174198381			17776636		14646189	61
62	OBSERVATION BEDS (NON-DISTINC		5542709						62
63.50	RHC								63.50
63.60	FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									
64	HOME PROGRAM DIALYSIS		14132872			365731			64
65	AMBULANCE SERVICES								65
101	TOTAL	143452	2511256024			421303415	13603	267816593	101

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0088)	[]	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[]	TITLE XIX	[]	SUB II	[]	NF		
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC			37887		42
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
54.01 BRACE & PLASTER ROOM					54.01
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 DENTAL CLINIC					60.01
60.02 TRANSPLANT CLINIC					60.02
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
64 HOME PROGRAM DIALYSIS					64
65 AMBULANCE SERVICES					65
101 TOTAL			37887		101

PROVIDER NO. 14-0088 UNIVERSITY OF CHICAGO HOSPITAL
 PERIOD FROM 07/01/2008 TO 06/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0088)
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I
 BOXES [] TITLE XIX - O/P [] SUB II
 [] SUB III
 [] SUB IV

[] SNF
 [] NF
 [] S/B-SNF
 [] S/B-NF
 [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----		
	PART II	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT
	1	1.01	1.02	SURGICAL	3	DIAGNOSTIC
				CENTER		4
				2		
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.248317	.248317	.248317			37
39 DELIVERY ROOM & LABOR ROOM	.447893	.447893	.447893			39
40 ANESTHESIOLOGY	.087040	.087040	.087040			40
41 RADIOLOGY-DIAGNOSTIC	.185773	.185773	.185773			41
42 RADIOLOGY-THERAPEUTIC	.201416	.201416	.201416			42
44 LABORATORY	.143973	.143973	.143973			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.180303	.180303	.180303			47
49 RESPIRATORY THERAPY	.132307	.132307	.132307			49
50 PHYSICAL THERAPY	.415524	.415524	.415524			50
53 ELECTROCARDIOLOGY	.200391	.200391	.200391			53
54 ELECTROENCEPHALOGRAPHY	.375680	.375680	.375680			54
54.01 BRACE & PLASTER ROOM	.283510	.283510	.283510			54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.308252	.308252	.308252			55
56 DRUGS CHARGED TO PATIENTS	.165450	.165450	.165450			56
57 RENAL DIALYSIS	.158697	.158697	.158697			57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.562551	.562551	.562551			60
60.01 DENTAL CLINIC	13.483112	13.483112	13.483112			60.01
60.02 TRANSPLANT CLINIC	9.402194	9.402194	9.402194			60.02
61 EMERGENCY	.142123	.142123	.142123			61
62 OBSERVATION BEDS (NON-DISTINCT	.531964	.531964	.531964			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
64 HOME PROGRAM DIALYSIS	.166173	.166173	.166173			64
65 AMBULANCE SERVICES	.730606	.730606	.730606			65
65.01 AMBULANCE SERVICES (2ND PERIOD)	.730606	.730606	.730606			65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)	.730606	.730606	.730606			65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)	.730606	.730606	.730606			65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1
2	PROGRAM VACCINE CHARGES	2
2.01	PROGRAM VACCINE CHARGES	2.01
3	PROGRAM COSTS	3
3.01	PROGRAM COSTS	3.01

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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK	[]	TITLE V - O/P	[XX]	HOSPITAL (14-0088)	[]	SNF
APPLICABLE	[XX]	TITLE XVIII-PT B	[]	SUB I	[]	NF
BOXES	[]	TITLE XIX - O/P	[]	SUB II	[]	S/B-SNF
			[]	SUB III	[]	S/B-NF
			[]	SUB IV	[]	ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL	PPS SER-		PPS SER-	PPS SER-	OUTPATIENT		
	OTHER (1)	VICES	ALL OTHER	VICES	VICES	AMBULATORY	OUTPATIENT	OTHER
	(SEE	(SEE	(SEE	(SEE	(SEE	SURGICAL	OUTPATIENT	OUTPATIENT
	INSTRU.)	INSTRU.)	INSTRU.)	INSTRU.)	INSTRU.)	CENTER	RADIOLOGY	DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		18110022						37
39 DELIVERY ROOM & LABOR ROOM		6430						39
40 ANESTHESIOLOGY		6705294						40
41 RADIOLOGY-DIAGNOSTIC		60206432						41
42 RADIOLOGY-THERAPEUTIC		15166765						42
44 LABORATORY		5226847	17740					44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR		2866555	46148					47
49 RESPIRATORY THERAPY		1448899						49
50 PHYSICAL THERAPY		65438	300					50
53 ELECTROCARDIOLOGY		27147804						53
54 ELECTROENCEPHALOGRAPHY		1467929						54
54.01 BRACE & PLASTER ROOM		127938						54.01
55 MEDICAL SUPPLIES CHARGED TO PA		4440306	39320					55
56 DRUGS CHARGED TO PATIENTS		38721356	423841					56
57 RENAL DIALYSIS		20638211						57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		50824178	10363					60
60.01 DENTAL CLINIC								60.01
60.02 TRANSPLANT CLINIC								60.02
61 EMERGENCY		14646189						61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
64 HOME PROGRAM DIALYSIS								64
65 AMBULANCE SERVICES			466600					65
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
101 SUBTOTAL		267816593	1004312					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		267816593	1004312					104

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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK	[]	TITLE V - O/P	[XX]	HOSPITAL (14-0088)	[]	SNF
APPLICABLE	[XX]	TITLE XVIII-PT B	[]	SUB I	[]	NF
BOXES	[]	TITLE XIX - O/P	[]	SUB II	[]	S/B-SNF
			[]	SUB III	[]	S/B-NF
			[]	SUB IV	[]	ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		4497026					37
39 DELIVERY ROOM & LABOR ROOM		2880					39
40 ANESTHESIOLOGY		583629					40
41 RADIOLOGY-DIAGNOSTIC		11184729					41
42 RADIOLOGY-THERAPEUTIC		3054829					42
44 LABORATORY		752525	2554				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA		516848	8321				47
49 RESPIRATORY THERAPY		191699					49
50 PHYSICAL THERAPY		27191	125				50
53 ELECTROCARDIOLOGY		5440176					53
54 ELECTROENCEPHALOGRAPHY		551472					54
54.01 BRACE & PLASTER ROOM		36272					54.01
55 MEDICAL SUPPLIES CHARGED TO PAT		1368733	12120				55
56 DRUGS CHARGED TO PATIENTS		6406448	70124				56
57 RENAL DIALYSIS		3275222					57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		28591192	5830				60
60.01 DENTAL CLINIC							60.01
60.02 TRANSPLANT CLINIC							60.02
61 EMERGENCY		2081560					61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
64 HOME PROGRAM DIALYSIS							64
65 AMBULANCE SERVICES							65
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		68562431	99074				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		68562431	99074				104

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S088) [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST 1	CAPITAL RELATED COST 2			RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		6832436	269833312				.025321	37
39 DELIVERY ROOM & LABOR ROOM		485675	16801010				.028907	39
40 ANESTHESIOLOGY		878432	83675959				.010498	40
41 RADIOLOGY-DIAGNOSTIC		9018525	303246643				.029740	41
42 RADIOLOGY-THERAPEUTIC		2087449	57422050				.036353	42
44 LABORATORY		5213025	349330658				.014923	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		679304	95506393				.007113	47
49 RESPIRATORY THERAPY		1170765	139763252				.008377	49
50 PHYSICAL THERAPY		442802	19013847				.023288	50
53 ELECTROCARDIOLOGY		3419969	151406177				.022588	53
54 ELECTROENCEPHALOGRAPHY		410888	11792040				.034845	54
54.01 BRACE & PLASTER ROOM		20035	1348037				.014862	54.01
55 MEDICAL SUPPLIES CHARGED TO P		338290	70033938				.004830	55
56 DRUGS CHARGED TO PATIENTS		2780768	433410735				.006416	56
57 RENAL DIALYSIS		1337480	146252740				.009145	57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		10369957	168283539				.061622	60
60.01 DENTAL CLINIC		82005	35381				2.317769	60.01
60.02 TRANSPLANT CLINIC		57504	226351				.254048	60.02
61 EMERGENCY		1373634	174198381				.007885	61
62 OBSERVATION BEDS (NON-DISTINC		222419	5542709				.040128	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
64 HOME PROGRAM DIALYSIS		99627	14132872				.007049	64
65 AMBULANCE SERVICES								65
101 TOTAL		47320989	2511256024					101

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[XX]	SUB I (14-S088)	[]	SNF	[]	TEFRA
BOXES	[]	TITLE XIX	[]	SUB II	[]	NF		
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01					
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC				143452			143452
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
54.01 BRACE & PLASTER ROOM							54.01
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 DENTAL CLINIC							60.01
60.02 TRANSPLANT CLINIC							60.02
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
64 HOME PROGRAM DIALYSIS							64
65 AMBULANCE SERVICES							65
101 TOTAL				143452			143452 101

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[XX]	SUB I (14-S088)	[]	SNF	[]	TEFRA
BOXES	[]	TITLE XIX	[]	SUB II	[]	NF		
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		269833312					37
39 DELIVERY ROOM & LABOR ROOM		16801010					39
40 ANESTHESIOLOGY		83675959					40
41 RADIOLOGY-DIAGNOSTIC		303246643					41
42 RADIOLOGY-THERAPEUTIC	143452	57422050	.002498	.002498			42
44 LABORATORY		349330658					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		95506393					47
49 RESPIRATORY THERAPY		139763252					49
50 PHYSICAL THERAPY		19013847					50
53 ELECTROCARDIOLOGY		151406177					53
54 ELECTROENCEPHALOGRAPHY		11792040					54
54.01 BRACE & PLASTER ROOM		1348037					54.01
55 MEDICAL SUPPLIES CHARGED TO P		70033938					55
56 DRUGS CHARGED TO PATIENTS		433410735					56
57 RENAL DIALYSIS		146252740					57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		168283539					60
60.01 DENTAL CLINIC		35381					60.01
60.02 TRANSPLANT CLINIC		226351					60.02
61 EMERGENCY		174198381					61
62 OBSERVATION BEDS (NON-DISTINC		5542709					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
64 HOME PROGRAM DIALYSIS		14132872					64
65 AMBULANCE SERVICES							65
101 TOTAL	143452	2511256024					101

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[XX]	SUB I (14-S088)	[]	SNF	[]	TEFRA
BOXES	[]	TITLE XIX	[]	SUB II	[]	NF		
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
54.01 BRACE & PLASTER ROOM					54.01
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 DENTAL CLINIC					60.01
60.02 TRANSPLANT CLINIC					60.02
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
64 HOME PROGRAM DIALYSIS					64
65 AMBULANCE SERVICES					65
101 TOTAL					101

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART I

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0088)	SUB I (PPS) (14-S088)	SUB II	SUB III	SUB IV	SNF
INPATIENT DAYS	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	100642					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	100642					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	100642					4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	33565					9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)						14
15 TOTAL NURSERY DAYS						15
16 TITLE V OR XIX NURSERY DAYS						16

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART I (CONT)

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS)	SUB I (PPS)	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	113434463						21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	113434463						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	194953360						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	194953360						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.581854						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1937.10						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	113434463						37

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (PPS) (14-0088)	SUB I (PPS) (14-S088)	SUB II	SUB III	SUB IV		
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		1	1	1	1	1		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1127.11						38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	37831447						39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	37831447						41
		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5		
42	NURSERY (TITLES V AND XIX ONLY)							42
43	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
44	INTENSIVE CARE UNIT	28026107	19418	1443.31	6028	8700273		43
45	CORONARY CARE UNIT	6069287	4166	1456.86	1130	1646252		44
46	BURN INTENSIVE CARE UNIT	4642965	2646	1754.71	587	1030015		45
46	SURGICAL INTENSIVE CARE UNIT							46
46.01	NURSERY SPECIAL CARE	4377117	6670	656.24				46.01
47	NURSERY ICU	21368090	14083	1517.30				47
		HOSPITAL (PPS) (14-0088)	SUB I (PPS) (14-S088)	SUB II	SUB III	SUB IV		
		1	1	1	1	1		
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	81192743						48
49	TOTAL PROGRAM INPATIENT COSTS	130400730						49
PASS THROUGH COST ADJUSTMENTS								
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	3484721						50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	6697840						51
52	TOTAL PROGRAM EXCLUDABLE COST	10182561						52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	120218169						53

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART II (CONT)

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (PPS) (14-0088)	SUB I (PPS) (14-S088)	SUB II	SUB III	SUB IV	
	TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54	PROGRAM DISCHARGES						54
55	TARGET AMOUNT PER DISCHARGE						55
56	TARGET AMOUNT						56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58	BONUS PAYMENT						58
58.01	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03	IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04	RELIEF PAYMENT						58.04
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03	PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05	REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06	REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07	REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
	PROGRAM INPATIENT ROUTINE SWING BED COST						
60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/MR ONLY

SNF

1

66 SNF/NF/ICF/MR ROUTINE SERVICE COST	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	67
68 PROGRAM ROUTINE SERVICE COST	68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	71
72 PER DIEM CAPITAL RELATED COSTS	72
73 PROGRAM CAPITAL RELATED COSTS	73
74 INPATIENT ROUTINE SERVICE COST	74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	77
78 INPATIENT ROUTINE SERVICE COST LIMITATION	78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	79
80 PROGRAM INPATIENT ANCILLARY SERVICES	80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION	81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	82

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT		[XX] TITLE XVIII-PART A		[] TITLE XIX-INPT		
		HOSPITAL (PPS)	SUB I (PPS)	SUB II	SUB III	SUB IV
		(14-0088)	(14-S088)			
PART IV - COMPUTATION OF OBSERVATION BED COST		1	1	1	1	1
83	TOTAL OBSERVATION BEDS		2616			83
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM		1127.11			84
85	OBSERVATION BED COST		2948520			85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL		ROUTINE COST	COLUMN 1 DIVIDED BY	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS-THROUGH COST	
		(FROM LINE 27)	COLUMN 2	(FROM LINE 85)	COL 3 TIMES COL 4	
		1	2	3	4	5
86	OLD CAPITAL-RELATED COST		113434463		2948520	86
87	NEW CAPITAL-RELATED COST	8556836	113434463	.075434	2948520	222419 87
88	NON PHYSICIAN ANESTHETIST		113434463		2948520	88
89	NURSING SCHOOL		113434463		2948520	89
89.01	ALLIED HEALTH		113434463		2948520	89.01
89.02	ALL OTHER		113434463		2948520	89.02

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INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V	[XX] HOSPITAL (14-0088)	[] SNF	[XX] PPS
[XX] TITLE XVIII-PT A	[] SUB I	[] NF	[] TEFRA
[] TITLE XIX	[] SUB II	[] S/B-SNF	[] OTHER
	[] SUB III	[] S/B-NF	
	[] SUB IV	[] ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		81004906		25
26 INTENSIVE CARE UNIT		35609538		26
27 CORONARY CARE UNIT		8705198		27
28 BURN INTENSIVE CARE UNIT		4271024		28
29.01 NURSERY SPECIAL CARE				29.01
30 NURSERY ICU				30
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.248830	55086698	13707223	37
39 DELIVERY ROOM & LABOR ROOM	.447893	314050	140661	39
40 ANESTHESIOLOGY	.087040	15430535	1343074	40
41 RADIOLOGY-DIAGNOSTIC	.186379	36927757	6882558	41
42 RADIOLOGY-THERAPEUTIC	.202457	5445489	1102477	42
44 LABORATORY	.144101	66250603	9546778	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.180303	27926606	5035251	47
49 RESPIRATORY THERAPY	.132307	27661491	3659809	49
50 PHYSICAL THERAPY	.415524	3608775	1499533	50
53 ELECTROCARDIOLOGY	.202630	37401994	7578766	53
54 ELECTROENCEPHALOGRAPHY	.376611	1114356	419679	54
54.01 BRACE & PLASTER ROOM	.283510	34414	9757	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.308252	22726815	7005586	55
56 DRUGS CHARGED TO PATIENTS	.165450	84361081	13957541	56
57 RENAL DIALYSIS	.158697	9941869	1577745	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.572363	8928515	5110352	60
60.01 DENTAL CLINIC	13.483112			60.01
60.02 TRANSPLANT CLINIC	9.402194			60.02
61 EMERGENCY	.143738	17776636	2555178	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.531964			62
63.50 RHC				63.50
63.60 FQHC				63.60
64 HOME PROGRAM DIALYSIS	.166173	365731	60775	64
65 AMBULANCE SERVICES				65
101 TOTAL		421303415	81192743	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		421303415		103

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INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V	[] HOSPITAL	[] SNF	[XX] PPS
[XX] TITLE XVIII-PT A	[XX] SUB I (14-S088)	[] NF	[] TEFRA
[] TITLE XIX	[] SUB II	[] S/B-SNF	[] OTHER
	[] SUB III	[] S/B-NF	
	[] SUB IV	[] ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
27 CORONARY CARE UNIT			27
28 BURN INTENSIVE CARE UNIT			28
29.01 NURSERY SPECIAL CARE			29.01
30 NURSERY ICU			30
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.248830		37
39 DELIVERY ROOM & LABOR ROOM	.447893		39
40 ANESTHESIOLOGY	.087040		40
41 RADIOLOGY-DIAGNOSTIC	.186379		41
42 RADIOLOGY-THERAPEUTIC	.202457		42
44 LABORATORY	.144101		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	.180303		47
49 RESPIRATORY THERAPY	.132307		49
50 PHYSICAL THERAPY	.415524		50
53 ELECTROCARDIOLOGY	.202630		53
54 ELECTROENCEPHALOGRAPHY	.376611		54
54.01 BRACE & PLASTER ROOM	.283510		54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.308252		55
56 DRUGS CHARGED TO PATIENTS	.165450		56
57 RENAL DIALYSIS	.158697		57
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.572363		60
60.01 DENTAL CLINIC	13.483112		60.01
60.02 TRANSPLANT CLINIC	9.402194		60.02
61 EMERGENCY	.143738		61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.531964		62
63.50 RHC			63.50
63.60 FQHC			63.60
64 HOME PROGRAM DIALYSIS	.166173		64
65 AMBULANCE SERVICES			65
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6

PART I

CHECK
 APPLICABLE BOX

[] HEART
 [XX] KIDNEY

[] LIVER
 [] LUNG

[] PANCREAS
 [] INTESTINE

[] ISLET
 [] OTHER (specify)

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES	PER DIEM COST FROM WKST D-1	ORGAN ACQUISITION DAYS	COST	
		1	2	3	4	
1	ADULTS & PEDIATRICS	152547	38	1127.11	74	83406
2	INTENSIVE CARE UNIT		43	1443.31		
3	CORONARY CARE UNIT		44	1456.86		
4	BURN INTENSIVE CARE UNIT		45	1754.71		
5	SURGICAL INTENSIVE CARE UNIT		46			
5.01	NURSERY SPECIAL CARE		46.01	656.24		5.01
6	NURSERY ICU		47	1517.30		6
7	TOTAL	152547			74	83406
						7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS		
		1	2	3		
8	OPERATING ROOM	37	.248317	1166632	289695	8
9	RECOVERY ROOM	38				9
10	DELIVERY ROOM & LABOR ROOM	39	.447893			10
11	ANESTHESIOLOGY	40	.087040	264293	23004	11
12	RADIOLOGY-DIAGNOSTIC	41	.185773	569303	105761	12
13	RADIOLOGY-THERAPEUTIC	42	.201416			13
14	RADIOISOTOPE	43				14
15	LABORATORY	44	.143973	3949142	568570	15
16	PBP CLINICAL LAB SERVICES-PRGM	45				16
17	WHOLE BLOOD & PACKED RED BLOOD	46				17
17.30	BLOOD CLOTTING FACTORS ADMIN CO	46.30				17.30
18	BLOOD STORING, PROCESSING & TRA	47	.180303	341698	61609	18
19	INTRAVENOUS THERAPY	48				19
20	RESPIRATORY THERAPY	49	.132307	47320	6261	20
21	PHYSICAL THERAPY	50	.415524	2869	1192	21
22	OCCUPATIONAL THERAPY	51				22
23	SPEECH PATHOLOGY	52				23
24	ELECTROCARDIOLOGY	53	.200391	1074042	215228	24
25	ELECTROENCEPHALOGRAPHY	54	.375680			25
25.01	BRACE & PLASTER ROOM	54.01	.283510			25.01
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.308252			26
27	DRUGS CHARGED TO PATIENTS	56	.165450	183619	30380	27
28	RENAL DIALYSIS	57	.158697	8047	1277	28
29	ASC (NON-DISTINCT PART)	58				29
30	OTHER ANCILLARY (SPECIFY)	59				30
31	CLINIC	60	.562551	157470	88585	31
31.01	DENTAL CLINIC	60.01	13.483112			31.01
31.02	TRANSPLANT CLINIC	60.02	9.402194			31.02
32	EMERGENCY	61	.142123	5161	733	32
33	OBSERVATION BEDS (NON-DISTINCT	62	.531964			33
34	OTHER OUTPATIENT SERV (SPECIFY)	63				34
34.50	RHC	63.50				34.50
34.60	FQHC	63.60				34.60
35	TOTAL			7769596	1392295	35

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
PART II

CHECK [] HEART [] LIVER [] PANCREAS [] ISLET
APPLICABLE BOX [XX] KIDNEY [] LUNG [] INTESTINE [] OTHER (specify)

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICE COSTS)

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS	
	D	1	2	3	
36 ADULTS & PEDIATRICS	2		74		36
37 INTENSIVE CARE UNIT	3				37
38 CORONARY CARE UNIT	4				38
39 BURN INTENSIVE CARE UNIT	5				39
40 SURGICAL INTENSIVE CARE UNIT	6				40
40.01 NURSERY SPECIAL CARE	6.01				40.01
41 NURSERY ICU	7				41
42 SUBTOTAL			74		42

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS	
	1	D	2	3	
43 CLINIC	157470	20			43
43.01 DENTAL CLINIC		20.01			43.01
43.02 TRANSPLANT CLINIC		20.02			43.02
44 EMERGENCY	5161	21			44
45 OBSERVATION BEDS (NON-DISTINCT)		22			45
46 OTHER OUTPATIENT SERV (SPECIFY)		23			46
46.50 RHC		23.50			46.50
46.60 FQHC		23.60			46.60
47 TOTAL	162631				47

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
PARTS III & IV

CHECK [] HEART [] LIVER [] PANCREAS [] ISLET
APPLICABLE BOX [XX] KIDNEY [] LUNG [] INTESTINE [] OTHER (specify)

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A	PART B	PART A	PART B	
	1	2	3	4	
48 ROUTINE & ANCILLARY FROM PART I	1475701		7922143		48
49 INTERNS & RESIDENTS (INPATIENT)					49
50 INTERNS & RESIDENTS (OUTPATIENT)					50
51 DIRECT ORGAN ACQUISITION	4908087		4908087		51
52 COST OF SERVICES OF TEACHING PHYSICIANS					52
53 TOTAL	6383788		12830230		53
54 TOTAL USABLE ORGANS		121			54
55 MEDICARE USABLE ORGANS		81			55
56 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.669421			56
57 MEDICARE COST/CHARGES	4273442		8588825		57
58 REVENUE FOR ORGANS SOLD	178609				58
59 SUBTOTAL	4094833		8588825		59
60 ORGANS FURNISHED PART B					60
61 NET ORGAN ACQUISITION COST & CHARGES	4094833		8588825		61

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
62 ORGANS EXCISED IN PROVIDER	35	16		62
63 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				63
64 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				64
65 ORGANS PURCHASED FROM OPO'S		70		65
66 TOTAL	35	86		66
67 ORGANS TRANSPLANTED	35	70		67
68 ORGANS SOLD TO OTHER HOSPITALS				68
69 ORGANS SOLD TO OPO'S		16	178609	69
70 ORGANS SOLD TO TRANSPLANT HOSPITALS				70
71 ORGANS SOLD TO MILITARY OR VA HOSPITALS				71
72 ORGANS SOLD OUTSIDE THE U.S.				72
73 ORGANS SENT OUTSIDE THE U.S.(NO REVENUE RECVD)				73
74 ORGANS USED FOR RESEARCH				74
75 UNUSABLE/DISCARDED ORGANS				75
76 TOTAL	35	86		76

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6

PART I

CHECK [] HEART [XX] LIVER [] PANCREAS [] ISLET
 APPLICABLE BOX [] KIDNEY [] LUNG [] INTESTINE [] OTHER (specify)

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES	PER DIEM COST FROM WKST D-1	ORGAN ACQUISITION DAYS	COST	
		1 D	2	3	4	
1	ADULTS & PEDIATRICS	48352 38	1127.11	46	51847	1
2	INTENSIVE CARE UNIT	51643 43	1443.31	12	17320	2
3	CORONARY CARE UNIT		1456.86			3
4	BURN INTENSIVE CARE UNIT		1754.71			4
5	SURGICAL INTENSIVE CARE UNIT					5
5.01	NURSERY SPECIAL CARE	46.01	656.24			5.01
6	NURSERY ICU	47	1517.30			6
7	TOTAL	99995		58	69167	7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS		
		C 1	2	3		
8	OPERATING ROOM	37 .248317	283567	70415		8
9	RECOVERY ROOM	38				9
10	DELIVERY ROOM & LABOR ROOM	39 .447893				10
11	ANESTHESIOLOGY	40 .087040	64254	5593		11
12	RADIOLOGY-DIAGNOSTIC	41 .185773	213842	39726		12
13	RADIOLOGY-THERAPEUTIC	42 .201416				13
14	RADIOISOTOPE	43				14
15	LABORATORY	44 .143973	244780	35242		15
16	PBP CLINICAL LAB SERVICES-PRGM	45				16
17	WHOLE BLOOD & PACKED RED BLOOD	46				17
17.30	BLOOD CLOTTING FACTORS ADMIN CO	46.30				17.30
18	BLOOD STORING, PROCESSING & TRA	47 .180303	18273	3295		18
19	INTRAVENOUS THERAPY	48				19
20	RESPIRATORY THERAPY	49 .132307	53477	7075		20
21	PHYSICAL THERAPY	50 .415524				21
22	OCCUPATIONAL THERAPY	51				22
23	SPEECH PATHOLOGY	52				23
24	ELECTROCARDIOLOGY	53 .200391	175352	35139		24
25	ELECTROENCEPHALOGRAPHY	54 .375680				25
25.01	BRACE & PLASTER ROOM	54.01 .283510				25.01
26	MEDICAL SUPPLIES CHARGED TO PAT	55 .308252				26
27	DRUGS CHARGED TO PATIENTS	56 .165450	57457	9506		27
28	RENAL DIALYSIS	57 .158697				28
29	ASC (NON-DISTINCT PART)	58				29
30	OTHER ANCILLARY (SPECIFY)	59				30
31	CLINIC	60 .562551	111558	62757		31
31.01	DENTAL CLINIC	60.01 13.483112				31.01
31.02	TRANSPLANT CLINIC	60.02 9.402194				31.02
32	EMERGENCY	61 .142123	17263	2453		32
33	OBSERVATION BEDS (NON-DISTINCT	62 .531964				33
34	OTHER OUTPATIENT SERV (SPECIFY)	63				34
34.50	RHC	63.50				34.50
34.60	FQHC	63.60				34.60
35	TOTAL		1239823	271201		35

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
PART II

CHECK [] HEART [XX] LIVER [] PANCREAS [] ISLET
APPLICABLE BOX [] KIDNEY [] LUNG [] INTESTINE [] OTHER (specify)

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICE COSTS)

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS	
	D	1	2	3	
36	ADULTS & PEDIATRICS	2	46		36
37	INTENSIVE CARE UNIT	3	12		37
38	CORONARY CARE UNIT	4			38
39	BURN INTENSIVE CARE UNIT	5			39
40	SURGICAL INTENSIVE CARE UNIT	6			40
40.01	NURSERY SPECIAL CARE	6.01			40.01
41	NURSERY ICU	7			41
42	SUBTOTAL		58		42

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS	
	1	D	2	3	
43	CLINIC	111558	20		43
43.01	DENTAL CLINIC		20.01		43.01
43.02	TRANSPLANT CLINIC		20.02		43.02
44	EMERGENCY	17263	21		44
45	OBSERVATION BEDS (NON-DISTINCT)		22		45
46	OTHER OUTPATIENT SERV (SPECIFY)		23		46
46.50	RHC		23.50		46.50
46.60	FQHC		23.60		46.60
47	TOTAL	128821			47

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
PARTS III & IV

CHECK [] HEART [XX] LIVER [] PANCREAS [] ISLET
APPLICABLE BOX [] KIDNEY [] LUNG [] INTESTINE [] OTHER (specify)

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A	PART B	PART A	PART B	
	1	2	3	4	
48 ROUTINE & ANCILLARY FROM PART I	340368		1339818		48
49 INTERNS & RESIDENTS (INPATIENT)					49
50 INTERNS & RESIDENTS (OUTPATIENT)					50
51 DIRECT ORGAN ACQUISITION	2155647		1421974		51
52 COST OF SERVICES OF TEACHING PHYSICIANS					52
53 TOTAL	2496015		2761792		53
54 TOTAL USABLE ORGANS		27			54
55 MEDICARE USABLE ORGANS		11			55
56 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.407407			56
57 MEDICARE COST/CHARGES	1016894		1125173		57
58 REVENUE FOR ORGANS SOLD	55815				58
59 SUBTOTAL	961079		1125173		59
60 ORGANS FURNISHED PART B					60
61 NET ORGAN ACQUISITION COST & CHARGES	961079		1125173		61

PART IV - STATISTICS

	LIVING RELATED		CADAVERIC	REVENUE	
	1	7	2	3	
62 ORGANS EXCISED IN PROVIDER			5		62
63 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS					63
64 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS					64
65 ORGANS PURCHASED FROM OPO'S			20		65
66 TOTAL		7	25		66
67 ORGANS TRANSPLANTED		7	15		67
68 ORGANS SOLD TO OTHER HOSPITALS					68
69 ORGANS SOLD TO OPO'S			5	55815	69
70 ORGANS SOLD TO TRANSPLANT HOSPITALS					70
71 ORGANS SOLD TO MILITARY OR VA HOSPITALS					71
72 ORGANS SOLD OUTSIDE THE U.S.					72
73 ORGANS SENT OUTSIDE THE U.S.(NO REVENUE RECVD)					73
74 ORGANS USED FOR RESEARCH					74
75 UNUSABLE/DISCARDED ORGANS					75
76 TOTAL		7	20		76

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6

PART I

CHECK
 APPLICABLE BOX

[XX] HEART
 [] KIDNEY

[] LIVER
 [] LUNG

[] PANCREAS
 [] INTESTINE

[] ISLET
 [] OTHER (specify)

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES	PER DIEM COST FROM WKST D-1	ORGAN ACQUISITION DAYS	COST	
		1	2	3	4	
1	ADULTS & PEDIATRICS	78832	1127.11			1
2	INTENSIVE CARE UNIT		1443.31			2
3	CORONARY CARE UNIT		1456.86			3
4	BURN INTENSIVE CARE UNIT		1754.71			4
5	SURGICAL INTENSIVE CARE UNIT					5
5.01	NURSERY SPECIAL CARE		656.24			5.01
6	NURSERY ICU		1517.30			6
7	TOTAL	78832				7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS		
		C	1	2	3	
8	OPERATING ROOM	37	.248317	14759	3665	8
9	RECOVERY ROOM	38				9
10	DELIVERY ROOM & LABOR ROOM	39	.447893			10
11	ANESTHESIOLOGY	40	.087040	2879	251	11
12	RADIOLOGY-DIAGNOSTIC	41	.185773	38604	7172	12
13	RADIOLOGY-THERAPEUTIC	42	.201416			13
14	RADIOISOTOPE	43				14
15	LABORATORY	44	.143973	172326	24810	15
16	PBP CLINICAL LAB SERVICES-PRGM	45				16
17	WHOLE BLOOD & PACKED RED BLOOD	46				17
17.30	BLOOD CLOTTING FACTORS ADMIN CO	46.30				17.30
18	BLOOD STORING, PROCESSING & TRA	47	.180303	7741	1396	18
19	INTRAVENOUS THERAPY	48				19
20	RESPIRATORY THERAPY	49	.132307	12456	1648	20
21	PHYSICAL THERAPY	50	.415524	259	108	21
22	OCCUPATIONAL THERAPY	51				22
23	SPEECH PATHOLOGY	52				23
24	ELECTROCARDIOLOGY	53	.200391	200633	40205	24
25	ELECTROENCEPHALOGRAPHY	54	.375680			25
25.01	BRACE & PLASTER ROOM	54.01	.283510			25.01
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.308252			26
27	DRUGS CHARGED TO PATIENTS	56	.165450	25579	4232	27
28	RENAL DIALYSIS	57	.158697			28
29	ASC (NON-DISTINCT PART)	58				29
30	OTHER ANCILLARY (SPECIFY)	59				30
31	CLINIC	60	.562551	49635	27922	31
31.01	DENTAL CLINIC	60.01	13.483112			31.01
31.02	TRANSPLANT CLINIC	60.02	9.402194			31.02
32	EMERGENCY	61	.142123	2098	298	32
33	OBSERVATION BEDS (NON-DISTINCT	62	.531964			33
34	OTHER OUTPATIENT SERV (SPECIFY)	63				34
34.50	RHC	63.50				34.50
34.60	FQHC	63.60				34.60
35	TOTAL			526969	111707	35

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
PART II

CHECK [XX] HEART [] LIVER [] PANCREAS [] ISLET
APPLICABLE BOX [] KIDNEY [] LUNG [] INTESTINE [] OTHER (specify)

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICE COSTS)

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS	
		1	2	3	
36	ADULTS & PEDIATRICS	D			36
37	INTENSIVE CARE UNIT	2			37
38	CORONARY CARE UNIT	3			38
39	BURN INTENSIVE CARE UNIT	4			39
40	SURGICAL INTENSIVE CARE UNIT	5			40
40.01	NURSERY SPECIAL CARE	6			40.01
41	NURSERY ICU	6.01			41
42	SUBTOTAL	7			42

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS	
		1	2	3	
43	CLINIC	D			43
43.01	DENTAL CLINIC	49635	20		43.01
43.02	TRANSPLANT CLINIC		20.01		
44	EMERGENCY	2098	20.02		43.02
45	OBSERVATION BEDS (NON-DISTINCT)		21		44
46	OTHER OUTPATIENT SERV (SPECIFY)		22		45
46.50	RHC		23		46
46.60	FQHC		23.50		46.50
47	TOTAL	51733	23.60		46.60

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
PARTS III & IV

CHECK [XX] HEART [] LIVER [] PANCREAS [] ISLET
APPLICABLE BOX [] KIDNEY [] LUNG [] INTESTINE [] OTHER (specify)

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
48 ROUTINE & ANCILLARY FROM PART I	111707		605801		48
49 INTERNS & RESIDENTS (INPATIENT)					49
50 INTERNS & RESIDENTS (OUTPATIENT)					50
51 DIRECT ORGAN ACQUISITION	2007481		1706861		51
52 COST OF SERVICES OF TEACHING PHYSICIANS					52
53 TOTAL	2119188		2312662		53
54 TOTAL USABLE ORGANS		27			54
55 MEDICARE USABLE ORGANS		10			55
56 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.370370			56
57 MEDICARE COST/CHARGES	784884		856541		57
58 REVENUE FOR ORGANS SOLD	22326				58
59 SUBTOTAL	762558		856541		59
60 ORGANS FURNISHED PART B					60
61 NET ORGAN ACQUISITION COST & CHARGES	762558		856541		61

PART IV - STATISTICS

	LIVING RELATED 1	CADAVERIC 2	REVENUE 3	
62 ORGANS EXCISED IN PROVIDER		2		62
63 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				63
64 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				64
65 ORGANS PURCHASED FROM OPO'S		25		65
66 TOTAL		27		66
67 ORGANS TRANSPLANTED		25		67
68 ORGANS SOLD TO OTHER HOSPITALS				68
69 ORGANS SOLD TO OPO'S		2	22326	69
70 ORGANS SOLD TO TRANSPLANT HOSPITALS				70
71 ORGANS SOLD TO MILITARY OR VA HOSPITALS				71
72 ORGANS SOLD OUTSIDE THE U.S.				72
73 ORGANS SENT OUTSIDE THE U.S.(NO REVENUE RECVD)				73
74 ORGANS USED FOR RESEARCH				74
75 UNUSABLE/DISCARDED ORGANS				75
76 TOTAL		27		76

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6

PART I

CHECK [] HEART [] LIVER [] PANCREAS [] ISLET
 APPLICABLE BOX [] KIDNEY [XX] LUNG [] INTESITINE [] OTHER (specify)

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES	PER DIEM COST FROM WKST D-1	ORGAN ACQUISITION DAYS	COST	
		1	2	3	4	
1	ADULTS & PEDIATRICS	38	1127.11			1
2	INTENSIVE CARE UNIT	43	1443.31			2
3	CORONARY CARE UNIT	4562	1456.86			3
4	BURN INTENSIVE CARE UNIT	45	1754.71			4
5	SURGICAL INTENSIVE CARE UNIT	46				5
5.01	NURSERY SPECIAL CARE	46.01	656.24			5.01
6	NURSERY ICU	47	1517.30			6
7	TOTAL	4562				7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS		
		1	2	3		
8	OPERATING ROOM	37	.248317	12099	3004	8
9	RECOVERY ROOM	38				9
10	DELIVERY ROOM & LABOR ROOM	39	.447893			10
11	ANESTHESIOLOGY	40	.087040	5066	441	11
12	RADIOLOGY-DIAGNOSTIC	41	.185773	137831	25605	12
13	RADIOLOGY-THERAPEUTIC	42	.201416			13
14	RADIOISOTOPE	43				14
15	LABORATORY	44	.143973	244809	35246	15
16	PBP CLINICAL LAB SERVICES-PRGM	45				16
17	WHOLE BLOOD & PACKED RED BLOOD	46				17
17.30	BLOOD CLOTTING FACTORS ADMIN CO	46.30				17.30
18	BLOOD STORING, PROCESSING & TRA	47	.180303	7481	1349	18
19	INTRAVENOUS THERAPY	48				19
20	RESPIRATORY THERAPY	49	.132307	54854	7258	20
21	PHYSICAL THERAPY	50	.415524	5780	2402	21
22	OCCUPATIONAL THERAPY	51				22
23	SPEECH PATHOLOGY	52				23
24	ELECTROCARDIOLOGY	53	.200391			24
25	ELECTROENCEPHALOGRAPHY	54	.375680	449647	168923	25
25.01	BRACE & PLASTER ROOM	54.01	.283510	2028	575	25.01
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.308252			26
27	DRUGS CHARGED TO PATIENTS	56	.165450	11856	1962	27
28	RENAL DIALYSIS	57	.158697			28
29	ASC (NON-DISTINCT PART)	58				29
30	OTHER ANCILLARY (SPECIFY)	59				30
31	CLINIC	60	.562551	150101	84439	31
31.01	DENTAL CLINIC	60.01	13.483112			31.01
31.02	TRANSPLANT CLINIC	60.02	9.402194			31.02
32	EMERGENCY	61	.142123			32
33	OBSERVATION BEDS (NON-DISTINCT	62	.531964			33
34	OTHER OUTPATIENT SERV (SPECIFY)	63				34
34.50	RHC	63.50				34.50
34.60	FQHC	63.60				34.60
35	TOTAL			1081552	331204	35

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
PART II

CHECK [] HEART [] LIVER [] PANCREAS [] ISLET
APPLICABLE BOX [] KIDNEY [XX] LUNG [] INTESTINE [] OTHER (specify)

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICE COSTS)

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS	
	D	1	2	3	
36	ADULTS & PEDIATRICS	2			36
37	INTENSIVE CARE UNIT	3			37
38	CORONARY CARE UNIT	4			38
39	BURN INTENSIVE CARE UNIT	5			39
40	SURGICAL INTENSIVE CARE UNIT	6			40
40.01	NURSERY SPECIAL CARE	6.01			40.01
41	NURSERY ICU	7			41
42	SUBTOTAL				42

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS	
	1	D	2	3	
43	CLINIC	150101	20		43
43.01	DENTAL CLINIC		20.01		43.01
43.02	TRANSPLANT CLINIC		20.02		43.02
44	EMERGENCY		21		44
45	OBSERVATION BEDS (NON-DISTINCT)		22		45
46	OTHER OUTPATIENT SERV (SPECIFY)		23		46
46.50	RHC		23.50		46.50
46.60	FQHC		23.60		46.60
47	TOTAL	150101			47

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
PARTS III & IV

CHECK [] HEART [] LIVER [] PANCREAS [] ISLET
APPLICABLE BOX [] KIDNEY [XX] LUNG [] INTESTINE [] OTHER (specify)

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
48 ROUTINE & ANCILLARY FROM PART I	331204		1086114		48
49 INTERNS & RESIDENTS (INPATIENT)					49
50 INTERNS & RESIDENTS (OUTPATIENT)					50
51 DIRECT ORGAN ACQUISITION	1644006		1644006		51
52 COST OF SERVICES OF TEACHING PHYSICIANS					52
53 TOTAL	1975210		2730120		53
54 TOTAL USABLE ORGANS		28			54
55 MEDICARE USABLE ORGANS		14			55
56 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.500000			56
57 MEDICARE COST/CHARGES	987605		1365060		57
58 REVENUE FOR ORGANS SOLD	33489				58
59 SUBTOTAL	954116		1365060		59
60 ORGANS FURNISHED PART B					60
61 NET ORGAN ACQUISITION COST & CHARGES	954116		1365060		61

PART IV - STATISTICS

	LIVING RELATED 1	CADAVERIC 2	REVENUE 3	
62 ORGANS EXCISED IN PROVIDER		3		62
63 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				63
64 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				64
65 ORGANS PURCHASED FROM OPO'S		25		65
66 TOTAL		28		66
67 ORGANS TRANSPLANTED		25		67
68 ORGANS SOLD TO OTHER HOSPITALS				68
69 ORGANS SOLD TO OPO'S				69
70 ORGANS SOLD TO TRANSPLANT HOSPITALS		3	33489	70
71 ORGANS SOLD TO MILITARY OR VA HOSPITALS				71
72 ORGANS SOLD OUTSIDE THE U.S.				72
73 ORGANS SENT OUTSIDE THE U.S.(NO REVENUE RECVD)				73
74 ORGANS USED FOR RESEARCH				74
75 UNUSABLE/DISCARDED ORGANS				75
76 TOTAL		28		76

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6

PART I

CHECK
 APPLICABLE BOX

[] HEART
 [] KIDNEY

[] LIVER
 [] LUNG

[XX] PANCREAS
 [] INTESTINE

[] ISLET
 [] OTHER (specify)

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES	PER DIEM COST FROM WKST D-1	ORGAN ACQUISITION DAYS	COST	
		1	2	3	4	
1	ADULTS & PEDIATRICS	38	1127.11			1
2	INTENSIVE CARE UNIT	43	1443.31			2
3	CORONARY CARE UNIT	44	1456.86			3
4	BURN INTENSIVE CARE UNIT	45	1754.71			4
5	SURGICAL INTENSIVE CARE UNIT	46				5
5.01	NURSERY SPECIAL CARE	46.01	656.24			5.01
6	NURSERY ICU	47	1517.30			6
7	TOTAL					7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS		
		C	1	2	3	
8	OPERATING ROOM	37	.248317	11526	2862	8
9	RECOVERY ROOM	38				9
10	DELIVERY ROOM & LABOR ROOM	39	.447893			10
11	ANESTHESIOLOGY	40	.087040	1208	105	11
12	RADIOLOGY-DIAGNOSTIC	41	.185773	37254	6921	12
13	RADIOLOGY-THERAPEUTIC	42	.201416			13
14	RADIOISOTOPE	43				14
15	LABORATORY	44	.143973	160408	23094	15
16	PBP CLINICAL LAB SERVICES-PRGM	45				16
17	WHOLE BLOOD & PACKED RED BLOOD	46				17
17.30	BLOOD CLOTTING FACTORS ADMIN CO	46.30				17.30
18	BLOOD STORING, PROCESSING & TRA	47	.180303	6125	1104	18
19	INTRAVENOUS THERAPY	48				19
20	RESPIRATORY THERAPY	49	.132307	4176	553	20
21	PHYSICAL THERAPY	50	.415524			21
22	OCCUPATIONAL THERAPY	51				22
23	SPEECH PATHOLOGY	52				23
24	ELECTROCARDIOLOGY	53	.200391	53431	10707	24
25	ELECTROENCEPHALOGRAPHY	54	.375680			25
25.01	BRACE & PLASTER ROOM	54.01	.283510			25.01
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.308252			26
27	DRUGS CHARGED TO PATIENTS	56	.165450	7307	1209	27
28	RENAL DIALYSIS	57	.158697	2691	427	28
29	ASC (NON-DISTINCT PART)	58				29
30	OTHER ANCILLARY (SPECIFY)	59				30
31	CLINIC	60	.562551	5621	3162	31
31.01	DENTAL CLINIC	60.01	13.483112			31.01
31.02	TRANSPLANT CLINIC	60.02	9.402194			31.02
32	EMERGENCY	61	.142123	2194	312	32
33	OBSERVATION BEDS (NON-DISTINCT	62	.531964			33
34	OTHER OUTPATIENT SERV (SPECIFY)	63				34
34.50	RHC	63.50				34.50
34.60	FQHC	63.60				34.60
35	TOTAL			291941	50456	35

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
PART II

CHECK [] HEART [] LIVER [XX] PANCREAS [] ISLET
APPLICABLE BOX [] KIDNEY [] LUNG [] INTESTINE [] OTHER (specify)

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICE COSTS)

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS	
	D	1	2	3	
36 ADULTS & PEDIATRICS	2				36
37 INTENSIVE CARE UNIT	3				37
38 CORONARY CARE UNIT	4				38
39 BURN INTENSIVE CARE UNIT	5				39
40 SURGICAL INTENSIVE CARE UNIT	6				40
40.01 NURSERY SPECIAL CARE	6.01				40.01
41 NURSERY ICU	7				41
42 SUBTOTAL					42

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS	
	1	D	2	3	
43 CLINIC	5621	20			43
43.01 DENTAL CLINIC		20.01			43.01
43.02 TRANSPLANT CLINIC		20.02			43.02
44 EMERGENCY	2194	21			44
45 OBSERVATION BEDS (NON-DISTINCT)		22			45
46 OTHER OUTPATIENT SERV (SPECIFY)		23			46
46.50 RHC		23.50			46.50
46.60 FQHC		23.60			46.60
47 TOTAL	7815				47

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
PARTS III & IV

CHECK [] HEART [] LIVER [XX] PANCREAS [] ISLET
APPLICABLE BOX [] KIDNEY [] LUNG [] INTESTINE [] OTHER (specify)

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
48 ROUTINE & ANCILLARY FROM PART I	50456		291941		48
49 INTERNS & RESIDENTS (INPATIENT)					49
50 INTERNS & RESIDENTS (OUTPATIENT)					50
51 DIRECT ORGAN ACQUISITION	802987		777743		51
52 COST OF SERVICES OF TEACHING PHYSICIANS					52
53 TOTAL	853443		1069684		53
54 TOTAL USABLE ORGANS		15			54
55 MEDICARE USABLE ORGANS		8			55
56 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.533333			56
57 MEDICARE COST/CHARGES	455169		570498		57
58 REVENUE FOR ORGANS SOLD	33489				58
59 SUBTOTAL	421680		570498		59
60 ORGANS FURNISHED PART B					60
61 NET ORGAN ACQUISITION COST & CHARGES	421680		570498		61

PART IV - STATISTICS

	LIVING RELATED 1	CADAVERIC 2	REVENUE 3	
62 ORGANS EXCISED IN PROVIDER		3		62
63 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				63
64 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				64
65 ORGANS PURCHASED FROM OPO'S		12		65
66 TOTAL		15		66
67 ORGANS TRANSPLANTED		12		67
68 ORGANS SOLD TO OTHER HOSPITALS				68
69 ORGANS SOLD TO OPO'S		3	33489	69
70 ORGANS SOLD TO TRANSPLANT HOSPITALS				70
71 ORGANS SOLD TO MILITARY OR VA HOSPITALS				71
72 ORGANS SOLD OUTSIDE THE U.S.				72
73 ORGANS SENT OUTSIDE THE U.S.(NO REVENUE RECVD)				73
74 ORGANS USED FOR RESEARCH				74
75 UNUSABLE/DISCARDED ORGANS				75
76 TOTAL		15		76

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0088)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	17770320					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	18567191					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	37299688					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	521910					1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	834094					1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	1945966					1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	10899619					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	564.68					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996	423.43					3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI,LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00 0.00	423.43				3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	480.47					3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE	423.43					3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	423.43					3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS	424.18					3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00	423.68				3.17

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WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0088)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.750301				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.772258				3.19
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	0.750301				3.20
3.21	IME PAYMENTS FOR DSCGHS OCCURRING PRIOR TO OCTOBER 1	6284040				3.21
3.22	IME PAYMENTS FOR DSCGHS AFTER SEP 30 BUT BEFORE JAN 1	6665040				3.22
3.23	IME PAYMENTS FOR DSCGHS OCCURRING ON OR AFTER JANUARY 1 [SUM OF LINES][PLUS E-3,PT.VI] [3.21-3.23][LINE 23]	13482295				3.23
3.24	SUM OF LINES 3.21-3.23 26431375 0	26431375				3.24
	DISPROPORTIONATE SHARE ADJUSTMENT					
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.1005				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.3664				4.01
4.02	SUM OF 4 AND 4.01	0.4669				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.2777				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT	20449050				4.04
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES					
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317					5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317					5.01
5.02	DIVIDE LINE 5.01 BY LINE 5					5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317					5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK					5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS					5.05
5.06	TOTAL ADDITIONAL PAYMENT					5.06
6	SUBTOTAL	131417243				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	131417243				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	9794898				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	6889505				11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE					11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES					11.02
12	NET ORGAN ACQUISITION COST	7194266				12
13	COST OF TEACHING PHYSICIANS					13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS					14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	13603				15
16	TOTAL	155309515				16
17	PRIMARY PAYER PAYMENTS	462904				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	154846611				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4399820				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	702954				20
21	REIMBURSABLE BAD DEBTS	1871977				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	1310384				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES					21.02
22	SUBTOTAL	151054221				22

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WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0088)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					23
24	OTHER ADJUSTMENTS					24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER	151054221				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	148086928				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	2967293				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	3607900				30
TO BE COMPLETED BY INTERMEDIARY						
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)					52
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

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WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0088) 1	HOSPITAL (14-0088) 1.01	HOSPITAL (14-0088) 1.02	
1 MEDICAL AND OTHER SERVICES	134791			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	68524544			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	52613218			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.815			1.03
1.04 LINE 1.01 TIMES LINE 1.03	55847503			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	94.21			1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101	37887			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	134791			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	1220187			6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES	1220187			10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES	1220187			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	1085396			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	134791			17
17.01 TOTAL PPS PAYMENTS	52651105			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0088) 1	HOSPITAL (14-0088) 1.01	HOSPITAL (14-0088) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	51628		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	11885426		18.01
19 SUBTOTAL	40848842		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	3451293		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	44300135		23
24 PRIMARY PAYER PAYMENTS	877		24
25 SUBTOTAL	44299258		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	3759719		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	2631803		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	46931061		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	46931061		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	47377568		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-446507		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

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WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S088) 1	SUB I (14-S088) 1.01	SUB I (14-S088) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

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WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S088) 1	SUB I (14-S088) 1.01	SUB I (14-S088) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO			18.01
LINE 17.01			
19 SUBTOTAL			19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL			28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL			32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

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WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL
(14-0088)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1 STANDARD OVERHEAD AMOUNTS (ASC FEES)	1
2 DEDUCTIBLES	2
3 SUBTOTAL	3
4 80 PERCENT OF LINE 3	4
5 ASC PORTION OF BLEND	5
6 OUTPATIENT ASC COST	6
COMPUTATION OF LESSER OF COST OR CHARGES	
7 TOTAL CHARGES	7
CUSTOMARY CHARGES	
8 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10 RATIO OF LINE 8 TO LINE 9	10
11 TOTAL CUSTOMARY CHARGES	11
12 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14 LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT	
15 DEDUCTIBLES AND COINSURANCE	15
16 TOTAL	16
17 HOSPITAL SPECIFIC PORTION OF BLEND	17
18 ASC BLENDED AMOUNT	18
19 LESSER OF LINES 16 OR 18	19
20 PART B DEDUCTIBLES AND COINSURANCE	20
21 ASC PAYMENT AMOUNT	21

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL
(14-0088)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1	PREVAILING CHARGES	1
2	62 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OUTPATIENT RADIOLOGY	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OUTPATIENT RADIOLOGY BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	RADIOLOGY PAYMENT AMOUNT	21

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WORKSHEET E
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL
(14-0088)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1	PREVAILING CHARGES	1
2	42 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OTHER OUTPATIENT DIAGNOSTIC PROCEDURES	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OTHER OUTPATIENT DIAGNOSTIC BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	DIAGNOSTIC PAYMENT AMOUNT	21

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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
HOSPITAL (14-0088)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		150555248		47225956	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM	.01				3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02				3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03	NONE	01/31/2009	281279	3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04				3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05				3.05
	.50				3.50
	PROVIDER .51	01/31/2009			3.51
	TO .52	07/31/2009		129667	3.52
	PROGRAM .53				3.53
	.54				3.54
SUBTOTAL	.99	-2468320		151612	3.99
4 TOTAL INTERIM PAYMENTS		148086928		47377568	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02	NONE		NONE	5.02
	PROVIDER .03				5.03
	PROVIDER .50				5.50
	TO .51	NONE		NONE	5.51
	PROGRAM .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01	2967293			6.01
	PROVIDER TO .02			-446507	6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		151054221		46931061	7
NAME OF INTERMEDIARY: ADMINASTAR FEDERAL			INTERMEDIARY NUMBER: 00131		
SIGNATURE OF AUTHORIZED PERSON:			DATE (MO/DAY/YR):		

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

HOSPITAL SUB I SUB II SUB III SUB IV
(14-S088)

1	INPATIENT HOSPITAL SERVICES	1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)	1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)	1.04
1.05	OUTLIER PAYMENTS	1.05
1.06	TOTAL PPS PAYMENTS	1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)	1.08
1.09	NET IPF PPS OUTLIER PAYMENTS	1.09
1.10	NET IPF PPS ECT PAYMENTS	1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)	1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)	1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)	1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)	1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR	1.17
1.18	MEDICAL EDUCATION ADJUSTMENT	1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS	1.19
1.20	STOP LESS PAYMENT FLOOR	1.20
1.21	ADJUSTED NET PAYMENT FLOOR	1.21
1.22	STOP LOSS ADJUSTMENT	1.22
1.23	TOTAL IPF PPS PAYMENTS	1.23
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)	1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)	1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)	1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)	1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)	1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)	1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR	1.41
1.42	MEDICAL EDUCATION ADJUSTMENT	1.42
2	ORGAN ACQUISITION	2
3	COST OF TEACHING PHYSICIANS	3
4	SUBTOTAL	4
5	PRIMARY PAYER PAYMENTS	5
6	SUBTOTAL	6
7	DEDUCTIBLES	7
8	SUBTOTAL	8
9	COINSURANCE	9
10	SUBTOTAL	10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	11
11.01	REDUCED REIMBURSABLE BAD DEBTS	11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	11.02
12	SUBTOTAL	12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	13

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S088)	SUB II	SUB III	SUB IV	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)					13.01
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					14
15	OTHER ADJUSTMENTS					15
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					16
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER					17
18	SEQUESTRATION ADJUSTMENT					18
19	INTERIM PAYMENTS					19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					19.01
20	BALANCE DUE PROVIDER/PROGRAM					20
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					21
	TO BE COMPLETED BY INTERMEDIARY					
50	ORIGINAL OUTLIER AMOUNT					50
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					52
53	OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)					53

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DIRECT GRADUATE MEDICAL EDUCATION (GME)
& ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
PART IV

[] TITLE V

[XX] TITLE XVIII

[] TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS	1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE	2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS	2.01
3	AGGREGATE APPROVED AMOUNT	3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI, LN.4] [PLUS LINE 3.03]	3.03
3.04	FTE ADJUSTMENT CAP	443.89 3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	595.57 3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	443.89 3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	181.65 3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	328.87 3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	510.52 3.09
3.10	SEE INSTRUCTIONS	380.50 3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.11
3.12	SEE INSTRUCTIONS	245.11 3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	245.79 3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	265.66 3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	252.19 3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	252.19 3.16
3.17	SEE INSTRUCTIONS	87701.34 3.17
3.18	SEE INSTRUCTIONS	22117401 3.18

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DIRECT GRADUATE MEDICAL EDUCATION (GME)
& ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[XX] TITLE XVIII

[] TITLE XIX

3.19	SEE INSTRUCTIONS	138.62	3.19
3.20	SEE INSTRUCTIONS	143.62	3.20
3.21	SEE INSTRUCTIONS	139.21	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	139.21	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001	92618.26	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001	12893388	3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001	35010789	3.25
COMPUTATION OF PROGRAM PATIENT LOAD			
4	PROGRAM PART A INPATIENT DAYS	41310	4
5	TOTAL INPATIENT DAYS	145009	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS [LINE 6 x] [E-3,PART 6] [LINE 3.25] [LINE 11]	.284879	6
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 9973839 0	9973839	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD	1770	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE	145009	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS	100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD	366959	6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR		6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE	100.00	6.07
[PRIOR TO] [E-3,PART 6] [422] [LINE 12]			
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS 0 0 PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD		6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES	160385612	8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		9
10	MEDICARE O/P ESRD CHARGES	5037937	10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS		11

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DIRECT GRADUATE MEDICAL EDUCATION (GME)
& ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[XX] TITLE XVIII

[] TITLE XIX

APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY
PART A REASONABLE COST

12	REASONABLE COST	130400730	12
13	ORGAN ACQUISITION COSTS	7194266	13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	462904	15
16	TOTAL PART A REASONABLE COST	137132092	16

PART B REASONABLE COST

17	REASONABLE COST	68697222	17
18	PRIMARY PAYER PAYMENTS	877	18
19	TOTAL PART B REASONABLE COST	68696345	19
20	TOTAL REASONABLE COST	205828437	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.666245	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.333755	22

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

23	TOTAL PROGRAM GME PAYMENT		23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	10340798	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	6889505	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	3451293	25

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	96621000			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	124445000			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY				7
8	PREPAID EXPENSES				8
9	OTHER CURRENT ASSETS	34674000			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	255740000			11
FIXED ASSETS					
12	LAND				12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS				13
13.01	ACCUMULATED DEPRECIATION				13.01
14	BUILDINGS				14
14.01	ACCUMULATED DEPRECIATION				14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT	1160756000			16
16.01	ACCUMULATED DEPRECIATION	-572213000			16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT				18
18.01	ACCUMULATED DEPRECIATION				18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	588543000			21
OTHER ASSETS					
22	INVESTMENTS	595176000			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	32397000			25
26	TOTAL OTHER ASSETS	627573000			26
27	TOTAL ASSETS	1471856000			27
LIABILITIES AND FUND BALANCES		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	98849000			28
29	SALARIES, WAGES & FEES PAYABLE				29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	9697000			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	83279000			35
36	TOTAL CURRENT LIABILITIES	191825000			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	368389000			38
39	UNSECURED LOANS				39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES	88898000			41
42	TOTAL LONG TERM LIABILITIES	457287000			42
43	TOTAL LIABILITIES	649112000			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	822744000			44
45	SPECIFIC PURPOSE FUND BALANCE				45
46	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				46
47	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				47
48	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				48
49	PLANT FUND BALANCE - INVESTED IN PLANT				49
50	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				50
51	TOTAL FUND BALANCES	822744000			51
52	TOTAL LIABILITIES AND FUND BALANCES	1471856000			52

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STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4	
1 FUND BALANCES AT BEGINNING OF PERIOD	954206000				1
2 NET INCOME (LOSS)	-93686942				2
3 TOTAL	860519058				3
4 ADDITIONS (CREDIT ADJUSTMENTS)					4
5 EFFECT OF CHANGE IN ACCTG PRINCIPLE	121000				5
6 TEMPORARILY RESTRICTED CONTRIBUTION	2040000				6
7 PERMANENTLY RESTRICTED CONTRIBUTION	42000				7
8					8
9					9
10 TOTAL ADDITIONS	2203000				10
11 SUBTOTAL	862722058				11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)					12
13 MINIMUM PENSION LIABILITY - WEISS	12911000				13
14 CHANGE IN VALUATION OF DERIVATIVES	1670000				14
15 NET TRANSFER TO U OF C	23000000				15
16 NET TRANSF TO UC HEALTH SYSTEM	1242000				16
17 EXPENDED FOR OPERATING PURPOSE	1141000				17
18 TOTAL DEDUCTIONS	39964000				18
19 FUND BALANCE AT END OF PERIOD	822758058				19
PER BALANCE SHEET					

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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	283596571		283596571	2
4 SUBPROVIDER I				4
5 SWING BED - SNF				5
6 SKILLED NURSING FACILITY				6
7 NURSING FACILITY				7
8 OTHER LONG TERM CARE				8
9 TOTAL GENERAL INPATIENT CARE SERVICES	283596571		283596571	9
10 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				10
11 INTENSIVE CARE UNIT	90976232		90976232	11
12 CORONARY CARE UNIT	21460538		21460538	12
13 BURN INTENSIVE CARE UNIT	17158563		17158563	13
13.01 SURGICAL INTENSIVE CARE UNIT				13.01
14 NURSERY SPECIAL CARE	18384716		18384716	14
15 NURSERY ICU	61560721		61560721	15
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	209540770		209540770	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES	493137341		493137341	17
18 ANCILLARY SERVICES	1325417548		1325417548	18
18.50 OUTPATIENT SERVICES		1398354168	1398354168	18.50
18.60 RHC				18.60
19 FQHC				19
20 HOME HEALTH AGENCY				20
21 AMBULANCE	1136863	3937158	5074021	21
22 CORF				22
23 ASC				23
24 HOSPICE				24
25 TOTAL PATIENT REVENUES	1819691752	1402291326	3221983078	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		839901759	26
27 ADD (SPECIFY)			27
28 NET ASSET TRANSFERS BETWEEN UCH & Q	51586000		28
29 NET ASSET TRANSFERS TO UC HEALTH	177183183		29
30 RESTRICTED ASSETS EXPENDED FOR OP			30
31 CHANGE IN VALUE OF ACCTG PRIN & DER			31
32 BAD DEBTS AND EXCLUDED EXPENSES			32
33 TOTAL ADDITIONS		228769183	33
34 DEDUCT (SPECIFY)			34
35 ADDL MINIMUM PENSION LIAB			35
36 RESTRICTED ASSETS EXPENDED FOR OP			36
37 UNREALIZED GAIN ON INVESTMENT			37
38 RESTRICTED CONTRIBUTIONS			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		1068670942	40

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STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	3221983078	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	2144876078	2
3	NET PATIENT REVENUES	1077107000	3
4	LESS - TOTAL OPERATING EXPENSES	1068670942	4
5	NET INCOME FROM SERVICE TO PATIENTS	8436058	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS	7033000	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	5126000	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	5131000	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	INT - FICA REFUND	4656000	24
24.01	CAPITATION REVENUE	31829000	24.01
24.02	REFERENCE LAB	2619000	24.02
24.03	OTHER MISC REVENUE	3953000	24.03
24.04	UNRESTRICTED GIFTS	915000	24.04
25	TOTAL OTHER INCOME	61262000	25
26	TOTAL	69698058	26
27	INVESTMENT LOSS	148734000	27
27.01	DERIVATIVE INEFFECTIVENESS	13616000	27.01
27.02	OTHER	1035000	27.02
28			28
29			29
30	TOTAL OTHER EXPENSES	163385000	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-93686942	31

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ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

COMPONENT NO: 14-2310

WORKSHEET I-1

CHECK APPLICABLE BOX:

[XX] RENAL DIALYSIS DEPARTMENT

[] HOME PROGRAM DIALYSIS

	TOTAL COSTS 1	BASIS 2	STATISTICS 3	FTES PER 2080 HOURS 4	
1 REGISTERED NURSES	3210135	HRS OF SERVICE	80200.00	38.56	1
2 LICENSED PRACTICAL NURSES		HRS OF SERVICE			2
3 NURSES AIDES		HRS OF SERVICE			3
4 TECHNICIANS	2394834	HRS OF SERVICE	130029.00	62.51	4
5 SOCIAL WORKERS	269885	HRS OF SERVICE	8433.04	4.05	5
6 DIETICIANS	212052	HRS OF SERVICE	6625.96	3.19	6
7 PHYSICIANS	329048	ACCUMULATED COST			7
8 NON-PATIENT CARE SALARY	359093	ACCUMULATED COST			8
9 SUBTOTAL	6775047				9
10 EMPLOYEE BENEFITS	1030064	SALARY			10
11 OLD & NEW CAP REL COSTS-BLDGS & FIXTU		SQUARE FEET			11
12 OLD & NEW CAP REL COSTS-MOV EQUIPMENT		PERCENTAGE OF TIME			12
13 MACHINES COSTS & REPAIRS		PERCENTAGE OF TIME			13
14 SUPPLIES	2073461	REQUISITIONS			14
15 DRUGS	3369316	REQUISITIONS			15
16 OTHER	1064968	ACCUMULATED COST			16
17 SUBTOTAL	14312856				17
18 OLD CAP REL COSTS-BLDGS & FIXTURES		SQUARE FEET			18
19 OLD CAP REL COSTS-MOV EQUIPMENT		PERCENTAGE OF TIME			19
20 NEW CAP REL COSTS-BLDGS & FIXTURES	595738	SQUARE FEET			20
21 NEW CAP REL COSTS-MOV EQUIPMENT	89116	PERCENTAGE OF TIME			21
22 EMPLOYEE BENEFITS	228426	SALARY			22
23 ADMINISTRATIVE AND GENERAL	3725509	ACCUMULATED COST			23
24 MAINT/REPAIRS-OPERATION-HOUSEKEEPING	1253311	SQUARE FEET			24
25 MEDICAL EDUCATION PROGRAM COSTS					25
26 CENTRAL SERVICES & SUPPLIES	259707	REQUISITIONS			26
27 PHARMACY	2291917	REQUISITIONS			27
28 OTHER ALLOCATED COSTS	453338	ACCUMULATED COST			28
29 SUBTOTAL	23209918				29
30 LABORATORY		CHARGES			30
31 RESPIRATORY THERAPY		CHARGES			31
32 OTHER ANCILLARY (SPECIFY)		CHARGES			32
33 TOTAL COSTS	23209918				33

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ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 14-2310

WORKSHEET I-2

CHECK APPLICABLE BOX:

[XX] RENAL DIALYSIS DEPARTMENT

[] HOME PROGRAM DIALYSIS

		---CAPITAL AND---		DIRECT PATIENT		ROUTINE							
		RELATED COSTS	CARE	SALARY	EMPLOYEE	DRUGS	MEDICAL	ANCILLARY	SUB-	OVERHEAD	TOTAL		
		BUILDING	EQUIPMENT	RNS	OTHER	BENEFITS	SUPPLIES	SERVICES	TOTAL				
		1	2	3	4	5	6	7	8	9	10	11	
1	TOTAL RENAL DEPT COSTS	1849049	89116	3210135	2876771	1258490	5661233	2333168	17277962	5931956	23209918	1	
	MAINTENANCE												
2	HEMODIALYSIS	1681459	84348	2293496	2483366	1003904	5645583	2006354	15198510	5218028	20416538	2	
3	INTERMITTENT PERITONEAL											3	
	TRAINING												
4	HEMODIALYSIS											4	
5	INTERMITTENT PERITONEAL											5	
6	CAPD	134	6	160	162	64	361	129	1016	349	1365	6	
7	CCPD	4019	203	5524	5964	2411	13558	4819	36498	12531	49029	7	
	HOME												
8	HEMODIALYSIS											8	
9	INTERMITTENT PERITONEAL											9	
10	CAPD											10	
11	CCPD											11	
	OTHER BILLABLE SERVICES												
12	INPATIENT DIALYSIS	163437	4559	910955	387279	252111	1731	321866	2041938	701048	2742986	12	
13	METHOD II HOME PATIENT											13	
14	EPO (INCL IN RENAL DEPT)											14	
14.01	ARANESP (INCL IN RENAL DEPT)											14.01	
15	OTHER											15	
16	TOTAL	1849049	89116	3210135	2876771	1258490	5661233	2333168	17277962	5931956	23209918	16	
17	MEDICAL EDUC PGM COSTS											17	
18	TOTAL RENAL COSTS										23209918	18	

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KPMG LLP COMPU-MAX MICRO SYSTEM
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DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
STATISTICAL BASIS

COMPONENT NO: 14-2310

WORKSHEET I-3

CHECK APPLICABLE BOX:

[XX] RENAL DIALYSIS DEPARTMENT

[] HOME PROGRAM DIALYSIS

	----	CAPITAL AND-----	-DIRECT	PATIENT-								
	BUILDING	EQUIPMENT	RNS	CARE	OTHERS	EMPLOYEE	DRGS	MEDICAL	ROUTINE	SUB-	OVERHEAD	
	(SQUARE	(% OF	(HOURS)	SALARY	(HOURS)	BENEFITS	(REQUIS)	SUPPLIES	ANCILLARY	TOTAL	(ACCUM.	
	FEET)	TIME)				(SALARY)		(REQUIS)	SERVICES		COST)	
	1	2	3	4	5	6	7	8	9	10		
1	TOTAL RENAL DEPT COSTS	1849049	89116	3210135	2876771	1258490	5661233	2333168		17277962	5931956	1
2	MAINTENANCE											
3	HEMODIALYSIS	25103	74903.00	57300.00	367267.0	5043660	3427380	4852135				2
4	INTERMITTENT PERITONEAL											3
5	TRAINING											
6	HEMODIALYSIS											4
7	INTERMITTENT PERITONEAL											5
8	CAPD	2	5.00	4.00	24.00	323	219	311				6
9	CCPD	60	180.00	138.00	882.00	12113	8231	11653				7
10	HOME											
11	HEMODIALYSIS											8
12	INTERMITTENT PERITONEAL											9
13	CAPD											10
14	CCPD											11
15	OTHER BILLABLE SERVICES											
16	INPT DIAL TRTMNTS 6	2440	4048.00	22759.00	57275.00	1266617	1051	778397				
17	METHOD II HOME PATIENT											13
18	EPO											14
19	ARANESP											14.01
20	OTHER											15
21	TOTAL STATISTICAL BASIS	27605	79136.00	80201.00	425448.0	6322713	3436881	5642496		17277962		16
22	UNIT COST MULTIPLIER	66.982394		40.026122		.199043		.413499				
23			1.126112		6.761745		1.647201				.343325	17

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COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

COMPONENT NO: 14-2310
PAYMENT RATE # 1

WORKSHEET I-4

CHECK APPLICABLE BOX:

[XX] RENAL DIALYSIS DEPARTMENT

[] HOME PROGRAM DIALYSIS

	NUMBER OF TOTAL TREATMENTS 1	TOTAL COST 2	AVG COST OF PROGRAM TREATMENTS 3	NUMBER OF PROGRAM TREATMENTS 4	TOTAL PROGRAM EXPENSES 5	PAYMENT RATE 6	TOTAL PROGRAM PAYMENT 7	
1 MAINTENANCE - HEMODIALYSIS	61821	20416538	330.25	48314	15955699	169.89	8208065	1
2 MAINTENANCE - PERITONEAL DIALYSIS								2
3 TRAINING - HEMODIALYSIS	16							3
4 TRAINING - PERITONEAL DIALYSIS								4
5 TRAINING - CAPD	14	1365	97.50	11	1073	211.82	2330	5
6 TRAINING - CCPD	140	49029	350.21	46	16110	190.61	8768	6
7 HOME PROGRAM - HEMODIALYSIS	809							7
8 HOME PROGRAM - PERITONEAL DIALYSIS	14678							8
	PATIENT WEEKS			PATIENT WEEKS				
9 HOME PROGRAM - CAPD								9
10 HOME PROGRAM - CCPD								10
11 TOTALS	77478	20466932		48371	15972882		8219163	11

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ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

COMPONENT NO: 14-2310

WORKSHEET I-1

CHECK APPLICABLE BOX: [] RENAL DIALYSIS DEPARTMENT

[XX] HOME PROGRAM DIALYSIS

	TOTAL COSTS 1	BASIS 2	STATISTICS 3	FTES PER 2080 HOURS 4	
1 REGISTERED NURSES	197198	HRS OF SERVICE	4736.00	2.28	1
2 LICENSED PRACTICAL NURSES	70817	HRS OF SERVICE	2467.00	1.19	2
3 NURSES AIDES		HRS OF SERVICE			3
4 TECHNICIANS	44718	HRS OF SERVICE	2298.00	1.10	4
5 SOCIAL WORKERS	34573	HRS OF SERVICE	1220.00	.59	5
6 DIETICIANS	28864	HRS OF SERVICE	958.76	.46	6
7 PHYSICIANS	82262	ACCUMULATED COST			7
8 NON-PATIENT CARE SALARY	18122	ACCUMULATED COST			8
9 SUBTOTAL	476554				9
10 EMPLOYEE BENEFITS	78278	SALARY			10
11 OLD & NEW CAP REL COSTS-BLDGS & FIXTU		SQUARE FEET			11
12 OLD & NEW CAP REL COSTS-MOV EQUIPMENT		PERCENTAGE OF TIME			12
13 MACHINES COSTS & REPAIRS		PERCENTAGE OF TIME			13
14 SUPPLIES	558975	REQUISITIONS			14
15 DRUGS	284884	REQUISITIONS			15
16 OTHER	169624	ACCUMULATED COST			16
17 SUBTOTAL	1568315				17
18 OLD CAP REL COSTS-BLDGS & FIXTURES		SQUARE FEET			18
19 OLD CAP REL COSTS-MOV EQUIPMENT		PERCENTAGE OF TIME			19
20 NEW CAP REL COSTS-BLDGS & FIXTURES	36428	SQUARE FEET			20
21 NEW CAP REL COSTS-MOV EQUIPMENT	43	PERCENTAGE OF TIME			21
22 EMPLOYEE BENEFITS	13919	SALARY			22
23 ADMINISTRATIVE AND GENERAL	404161	ACCUMULATED COST			23
24 MAINT/REPAIRS-OPERATION-HOUSEKEEPING	68723	SQUARE FEET			24
25 MEDICAL EDUCATION PROGRAM COSTS					25
26 CENTRAL SERVICES & SUPPLIES	44822	REQUISITIONS			26
27 PHARMACY	193787	REQUISITIONS			27
28 OTHER ALLOCATED COSTS	18302	ACCUMULATED COST			28
29 SUBTOTAL	2348500				29
30 LABORATORY		CHARGES			30
31 RESPIRATORY THERAPY		CHARGES			31
32 OTHER ANCILLARY (SPECIFY)		CHARGES			32
33 TOTAL COSTS	2348500				33

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ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 14-2310

WORKSHEET I-2

CHECK APPLICABLE BOX:

[] RENAL DIALYSIS DEPARTMENT

[XX] HOME PROGRAM DIALYSIS

		---CAPITAL AND---		DIRECT PATIENT		ROUTINE						TOTAL	
		RELATED COSTS	CARE	SALARY	EMPLOYEE	DRUGS	MEDICAL	ANCILLARY	SUB-	OVERHEAD			
		BUILDING	EQUIPMENT	RNS	OTHER	BENEFITS	SUPPLIES	SERVICES	TOTAL				
		1	2	3	4	5	6	7	8	9	10	11	
1	TOTAL RENAL DEPT COSTS	105151	43	197198	178972	92197	478671	603797		1656029	692471	2348500	1
	MAINTENANCE												
2	HEMODIALYSIS												2
3	INTERMITTENT PERITONEAL												3
	TRAINING												
4	HEMODIALYSIS												4
5	INTERMITTENT PERITONEAL												5
6	CAPD												6
7	CCPD												7
	HOME												
8	HEMODIALYSIS												8
9	INTERMITTENT PERITONEAL												9
10	CAPD	8612	3	16197	14697	7573	39316	49593		135991	56865	192856	10
11	CCPD	96539	40	181001	164275	84624	439355	554204		1520038	635606	2155644	11
	OTHER BILLABLE SERVICES												
12	INPATIENT DIALYSIS												12
13	METHOD II HOME PATIENT												13
14	EPO (INCL IN RENAL DEPT)												14
14.01	ARANESP (INCL IN RENAL DEPT)												14.01
15	OTHER												15
16	TOTAL	105151	43	197198	178972	92197	478671	603797		1656029	692471	2348500	16
17	MEDICAL EDUC PGM COSTS												17
18	TOTAL RENAL COSTS											2348500	18

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DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
STATISTICAL BASIS

COMPONENT NO: 14-2310

WORKSHEET I-3

CHECK APPLICABLE BOX:

[] RENAL DIALYSIS DEPARTMENT

[XX] HOME PROGRAM DIALYSIS

	----	CAPITAL AND-----	-DIRECT	PATIENT-				ROUTINE			
	BUILDING	EQUIPMENT	CARE	SALARY	EMPLOYEE	DRGS	MEDICAL	ANCILLARY	SUB-	OVERHEAD	
	(SQUARE	(% OF	RNS	OTHERS	BENEFITS	(REQUIS)	SUPPLIES	SERVICES	TOTAL	(ACCUM.	
	FEET)	TIME)	(HOURS)	(HOURS)	(SALARY)	(REQUIS)	(REQUIS)	(CHARGES)		COST)	
	1	2	3	4	5	6	7	8	9	10	
1	TOTAL RENAL DEPT COSTS	105151	43	197198	178972	92197	478671	603797	1656029	692471	1
2	MAINTENANCE										2
3	HEMODIALYSIS										3
4	INTERMITTENT PERITONEAL										4
5	TRAINING										5
6	HEMODIALYSIS										6
7	INTERMITTENT PERITONEAL										7
8	CAPD										8
9	CCPD										9
10	HOME										10
11	HEMODIALYSIS										11
12	INTERMITTENT PERITONEAL										12
13	CAPD	162	3.00	389.00	2048.00	29741	23399	45912			13
14	CCPD	1816	35.00	4347.00	22892.00	332355	261485	513063			14
15	OTHER BILLABLE SERVICES										15
16	INPT DIAL TRTMNTS										16
17	METHOD II HOME PATIENT										17
18	EPO										18
19	ARANESP										19
20	OTHER										20
21	TOTAL STATISTICAL BASIS	1978	38.00	4736.00	24940.00	362096	284884	558975	1656029		21
22	UNIT COST MULTIPLIER	53.160263		41.638091		.254620		1.080186			22
23			1.131579		7.176103		1.680231			.418151	23

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COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

COMPONENT NO: 14-2310
PAYMENT RATE # 1

WORKSHEET I-4

CHECK APPLICABLE BOX: [] RENAL DIALYSIS DEPARTMENT [XX] HOME PROGRAM DIALYSIS

	NUMBER OF TOTAL TREATMENTS 1	TOTAL COST 2	AVG COST OF PROGRAM TREATMENTS 3	NUMBER OF PROGRAM TREATMENTS 4	TOTAL PROGRAM EXPENSES 5	PAYMENT RATE 6	TOTAL PROGRAM PAYMENT 7	
1 MAINTENANCE - HEMODIALYSIS								1
2 MAINTENANCE - PERITONEAL DIALYSIS								2
3 TRAINING - HEMODIALYSIS								3
4 TRAINING - PERITONEAL DIALYSIS								4
5 TRAINING - CAPD								5
6 TRAINING - CCPD								6
7 HOME PROGRAM - HEMODIALYSIS								7
8 HOME PROGRAM - PERITONEAL DIALYSIS								8
	PATIENT WEEKS			PATIENT WEEKS				
9 HOME PROGRAM - CAPD	1201	192856	160.58	628	100844	140.13	88002	9
10 HOME PROGRAM - CCPD	13421	2155644	160.62	8960	1439155	74.55	667968	10
11 TOTALS		2348500			1539999		755970	11

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CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

COMPONENT NO: 14-2310

WORKSHEET I-5

DESCRIPTION

1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES	17512881	1
2	TOTAL PAYMENT (FROM I-4, COLUMN 7, LINE11)	8975133	2
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	19052	3
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	1609380	4
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES		5
5.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		5.01
6	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	1628432	6
7	PROGRAM PAYMENT	7164865	7
8	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9)	181836	8
9	REIMBURSABLE BAD DEBTS		9

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0088)	HOSPITAL (14-0088)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1 CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS					1
CAPITAL FEDERAL AMOUNT					
2 CAPITAL DRG OTHER THAN OUTLIER	6135685				2
3 CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997					3
3.01 CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997	939264				3.01
INDIRECT MEDICAL EDUCATION ADJUSTMENT					
4 TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI, LN.18] [E,PT A, LN.3.17][x E-3,PT VI, LN.1]	404.32				4
4.01 NO. OF INTERNS & RESIDENTS 423.68 0.00	423.68				4.01
4.02 INDIRECT MEDICAL EDUCATION PERCENTAGE	34.41				4.02
4.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT	2111289				4.03
DISPROPORTIONATE SHARE ADJUSTMENT					
5 % OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS	0.1005				5
5.01 % OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I	0.3664				5.01
5.02 SUM OF LINES 5 AND 5.01	0.4669				5.02
5.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0992				5.03
5.04 DISPROPORTIONATE SHARE ADJUSTMENT	608660				5.04
6 TOTAL PROSPECTIVE CAPITAL PAYMENTS	9794898				6
PART II - HOLD HARMLESS METHOD					
1 NEW CAPITAL					1
2 OLD CAPITAL					2
3 TOTAL CAPITAL					3
4 RATIO OF NEW CAPITAL TO TOTAL CAPITAL					4
5 TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE					5
6 REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT					6
7 REDUCED OLD CAPITAL AMOUNT					7
8 HOLD HARMLESS PAYMENT FOR NEW CAPITAL					8
9 SUBTOTAL					9
10 PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)					10
PART III - PAYMENT UNDER REASONABLE COST					
1 PROGRAM INPATIENT ROUTINE CAPITAL COST					1
2 PROGRAM INPATIENT ANCILLARY CAPITAL COST					2
3 TOTAL INPATIENT PROGRAM CAPITAL					3
4 CAPITAL COST PAYMENT FACTOR					4
5 TOTAL INPATIENT PROGRAM CAPITAL COST					5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1 PROGRAM INPATIENT CAPITAL COSTS					1
2 PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES					2
3 NET PROGRAM INPATIENT CAPITAL COSTS					3
4 APPLICABLE EXCEPTION PERCENTAGE					4
5 CAPITAL COST FOR COMPARISON TO PAYMENTS					5
6 PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES					6
7 ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES					7
8 CAPITAL MINIMUM PAYMENT LEVEL					8
9 CURRENT YEAR CAPITAL PAYMENTS					9
10 CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS					10
11 CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT					11
12 NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS					12
13 CURRENT YEAR EXCEPTION PAYMENT					13
14 CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD					14
15 CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)					15
16 CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)					16
17 CURRENT YEAR EXCEPTION OFFSET AMOUNT					17

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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL 4A	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
3.01 DCAM CAPITAL					3.01
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6.01 NON-PATIENT PHONES					6.01
6.02 DATA PROCESSING					6.02
6.03 PURCHASING					6.03
6.04 ADMITTING					6.04
6.05 CASHIERING/ACCOUNTS RECEIVABLE					6.05
6.06 OTHER ADMIN & GENERAL					6.06
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
19 OCCUPATIONAL THERAPY					19
19.01 VOLUNTEERS					19.01
19.02 PATIENT TRANSPORT					19.02
19.03 MEDICAL ELECTRONICS					19.03
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
27 CORONARY CARE UNIT					27
28 BURN INTENSIVE CARE UNIT					28
29.01 NURSERY SPECIAL CARE					29.01
30 NURSERY ICU					30
31 SUBPROVIDER I					31
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
47 BLOOD STORING, PROCESSING & TRA					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
54.01 BRACE & PLASTER ROOM					54.01
55 MEDICAL SUPPLIES CHARGED TO PAT					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 DENTAL CLINIC					60.01
60.02 TRANSPLANT CLINIC					60.02
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
64 HOME PROGRAM DIALYSIS					64
65 AMBULANCE SERVICES					65
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40

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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
71 HOME HEALTH AGENCY					71
82 LUNG ACQUISITION					82
SPECIAL PURPOSE COST CENTERS					
83 KIDNEY ACQUISITION					83
84 LIVER ACQUISITION					84
85 HEART ACQUISITION					85
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96
97.01 OTHER NONREIMBURSABLE					97.01
97.02 MEDICAL SCHOOL					97.02
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL					103
104 TOTAL STATISTICAL BASIS					104
105 UNIT COST MULTIPLIER					105
105 UNIT COST MULTIPLIER					105

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***** REPORT 97 ***** UTILIZATION STATISTICS *****

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	33.35		25.90				59.25 25
26 INTENSIVE CARE UNIT	31.04		18.38				49.42 26
27 CORONARY CARE UNIT	27.12		4.22				31.34 27
28 BURN INTENSIVE CARE UNIT	22.18		17.80				39.98 28
29.01 NURSERY SPECIAL CARE			80.79				80.79 29.01
30 NURSERY ICU			54.12				54.12 30
33 NURSERY			63.62				63.62 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	20.42	6.71					27.13 37
39 DELIVERY ROOM & LABOR ROOM	1.87	0.04					1.91 39
40 ANESTHESIOLOGY	18.44	8.01					26.45 40
41 RADIOLOGY-DIAGNOSTIC	12.18	19.85					32.03 41
42 RADIOLOGY-THERAPEUTIC	9.48	26.41					35.89 42
44 LABORATORY	18.97	1.50					20.47 44
47 BLOOD STORING, PROCESSING & TRA	29.24	3.00					32.24 47
49 RESPIRATORY THERAPY	19.79	1.04					20.83 49
50 PHYSICAL THERAPY	18.98	0.34					19.32 50
53 ELECTROCARDIOLOGY	24.70	17.93					42.63 53
54 ELECTROENCEPHALOGRAPHY	9.45	12.45					21.90 54
54.01 BRACE & PLASTER ROOM	2.55	9.49					12.04 54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	32.45	6.34					38.79 55
56 DRUGS CHARGED TO PATIENTS	19.46	8.93					28.39 56
57 RENAL DIALYSIS	6.80	14.11					20.91 57
60 CLINIC	5.31	30.20					35.51 60
61 EMERGENCY	10.20	8.41					18.61 61
64 HOME PROGRAM DIALYSIS	2.59						2.59 64
101 TOTAL CHARGES	14.01	8.91					22.92 101

COST CENTER		--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---	
		AMOUNT	%	AMOUNT	%	AMOUNT	%
GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT						1
2	OLD CAP REL COSTS-MVBLE EQUIP						2
3	NEW CAP REL COSTS-BLDG & FIXT	17525672	2.18	-17525672	-4.64		3
3.01	DCAM CAPITAL	5431378	.68	-5431378	-1.44		3.01
4	NEW CAP REL COSTS-MVBLE EQUIP	38958412	4.85	-38958412	-10.32		4
5	EMPLOYEE BENEFITS	12863986	1.60	-12863986	-3.41		5
6.01	NON-PATIENT PHONES	378045	.05	-378045	-.10		6.01
6.02	DATA PROCESSING	20741574	2.58	-20741574	-5.50		6.02
6.03	PURCHASING	6196177	.77	-6196177	-1.64		6.03
6.04	ADMITTING	2686166	.33	-2686166	-.71		6.04
6.05	CASHIERING/ACCOUNTS RECEIVABLE	9766322	1.22	-9766322	-2.59		6.05
6.06	OTHER ADMIN & GENERAL	97070076	12.08	-97070076	-25.72		6.06
7	MAINTENANCE & REPAIRS						7
8	OPERATION OF PLANT	30116488	3.75	-30116488	-7.98		8
9	LAUNDRY & LINEN SERVICE	2510012	.31	-2510012	-.67		9
10	HOUSEKEEPING	15376648	1.91	-15376648	-4.07		10
11	DIETARY	5044083	.63	-5044083	-1.34		11
12	CAFETERIA	741216	.09	-741216	-.20		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	6428229	.80	-6428229	-1.70		14
15	CENTRAL SERVICES & SUPPLY	4205656	.52	-4205656	-1.11		15
16	PHARMACY	21082867	2.62	-21082867	-5.59		16
17	MEDICAL RECORDS & LIBRARY	5938996	.74	-5938996	-1.57		17
18	SOCIAL SERVICE	816472	.10	-816472	-.22		18
19	OCCUPATIONAL THERAPY						19
19.01	VOLUNTEERS	262091	.03	-262091	-.07		19.01
19.02	PATIENT TRANSPORT	3098860	.39	-3098860	-.82		19.02
19.03	MEDICAL ELECTRONICS	1100678	.14	-1100678	-.29		19.03
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A	27186997	3.38	-27186997	-7.20		22
23	I&R SERVICES-OTHER PRGM COSTS A	41755036	5.20	-41755036	-11.06		23
24	PARAMED ED PRGM-(SPECIFY)	118256	.01	-118256	-.03		24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	64234363	7.99	85411165	22.63	149645528	18.62
26	INTENSIVE CARE UNIT	18697023	2.33	12255332	3.25	30952355	3.85
27	CORONARY CARE UNIT	3836869	.48	2513981	.67	6350850	.79
28	BURN INTENSIVE CARE UNIT	3009681	.37	1693619	.45	4703300	.59
29.01	NURSERY SPECIAL CARE	2749590	.34	2110207	.56	4859797	.60
30	NURSERY ICU	14818114	1.84	8370082	2.22	23188196	2.89
31	SUBPROVIDER I						31
33	NURSERY	1901387	.24	1218487	.32	3119874	.39
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	40594282	5.05	29999787	7.95	70594069	8.79
39	DELIVERY ROOM & LABOR ROOM	4711961	.59	4170635	1.11	8882596	1.11
40	ANESTHESIOLOGY	3890961	.48	4407860	1.17	8298821	1.03

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COST CENTER	--- DIRECT COSTS ---	AMOUNT	%	-- ALLOCATED OVERHEAD --	AMOUNT	%	--- TOTAL COSTS ---	AMOUNT	%	
41 RADIOLOGY-DIAGNOSTIC	30306445	3.77	29326900	7.77	59633345	7.42	41			
42 RADIOLOGY-THERAPEUTIC	5641188	.70	6829529	1.81	12470717	1.55	42			
44 LABORATORY	28895436	3.60	24546272	6.50	53441708	6.65	44			
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30			
47 BLOOD STORING, PROCESSING & TRA	12191778	1.52	5309846	1.41	17501624	2.18	47			
49 RESPIRATORY THERAPY	10995175	1.37	7496424	1.99	18491599	2.30	49			
50 PHYSICAL THERAPY	5341661	.66	2559057	.68	7900718	.98	50			
53 ELECTROCARDIOLOGY	19060487	2.37	11531275	3.06	30591762	3.81	53			
54 ELECTROENCEPHALOGRAPHY	2783031	.35	2612367	.69	5395398	.67	54			
54.01 BRACE & PLASTER ROOM	252947	.03	129235	.03	382182	.05	54.01			
55 MEDICAL SUPPLIES CHARGED TO PAT	17844146	2.22	3743975	.99	21588121	2.69	55			
56 DRUGS CHARGED TO PATIENTS	36105462	4.49	35602498	9.43	71707960	8.92	56			
57 RENAL DIALYSIS	14312856	1.78	9188681	2.43	23501537	2.92	57			
60 CLINIC	50346918	6.27	58419355	15.48	108766273	13.54	60			
60.01 DENTAL CLINIC	200893	.03	517493	.14	718386	.09	60.01			
60.02 TRANSPLANT CLINIC	1661272	.21	466924	.12	2128196	.26	60.02			
61 EMERGENCY	16297957	2.03	13246224	3.51	29544181	3.68	61			
62 OBSERVATION BEDS (NON-DISTINCT							62			
63.50 RHC							63.50			
63.60 FQHC							63.60			
OTHER REIMBURSABLE COST CENTERS										
64 HOME PROGRAM DIALYSIS	1568315	.20	780185	.21	2348500	.29	64			
65 AMBULANCE SERVICES	2622020	.33	1049242	.28	3671262	.46	65			
OUTPATIENT SERVICE COST CENTERS										
69.10 CMHC							69.10			
69.20 OUTPATIENT PHYSICAL THERAPY							69.20			
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30			
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40			
71 HOME HEALTH AGENCY							71			
82 LUNG ACQUISITION	1286076	.16	357930	.09	1644006	.20	82			
SPECIAL PURPOSE COST CENTERS										
83 KIDNEY ACQUISITION	3840784	.48	1067303	.28	4908087	.61	83			
84 LIVER ACQUISITION	1748763	.22	406884	.11	2155647	.27	84			
85 HEART ACQUISITION	1628121	.20	379360	.10	2007481	.25	85			
85.01 PANCREAS ACQUISITION	647535	.08	155452	.04	802987	.10	85.01			
85.02 INTESTINAL ACQUISITION							85.02			
85.03 ISLET CELL ACQUISITION							85.03			
NONREIMBURSABLE COST CENTERS										
96 GIFT, FLOWER, COFFEE SHOP & CAN			584690	.15	584690	.07	96			
97.01 OTHER NONREIMBURSABLE	2090080	.26	8942137	2.37	11032217	1.37	97.01			
97.02 MEDICAL SCHOOL							97.02			
101 CROSS FOOT ADJUSTMENTS							101			
102 NEGATIVE COST CENTER							102			
103 TOTAL	803513970	100.00	0	.00	803513970	100.00	103			

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APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	6832436	269833312	.025321	55086698	1394850	37
39 DELIVERY ROOM & LABOR ROOM	485675	16801010	.028907	314050	9078	39
40 ANESTHESIOLOGY	878432	83675959	.010498	15430535	161990	40
41 RADIOLOGY-DIAGNOSTIC	9018525	303246643	.029740	36927757	1098231	41
42 RADIOLOGY-THERAPEUTIC	2087449	57422050	.036353	5445489	197960	42
44 LABORATORY	5213025	349330658	.014923	66250603	988658	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	679304	95506393	.007113	27926606	198642	47
49 RESPIRATORY THERAPY	1170765	139763252	.008377	27661491	231720	49
50 PHYSICAL THERAPY	442802	19013847	.023288	3608775	84041	50
53 ELECTROCARDIOLOGY	3419969	151406177	.022588	37401994	844836	53
54 ELECTROENCEPHALOGRAPHY	410888	11792040	.034845	1114356	38830	54
54.01 BRACE & PLASTER ROOM	20035	1348037	.014862	34414	511	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	338290	70033938	.004830	22726815	109771	55
56 DRUGS CHARGED TO PATIENTS	2780768	433410735	.006416	84361081	541261	56
57 RENAL DIALYSIS	1337480	146252740	.009145	9941869	90918	57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	10369957	168283539	.061622	8928515	550193	60
60.01 DENTAL CLINIC	82005	35381	2.317769			60.01
60.02 TRANSPLANT CLINIC	57504	226351	.254048			60.02
61 EMERGENCY	1373634	174198381	.007885	17776636	140169	61
62 OBSERVATION BEDS (NON-DISTINCT	222419	5542709	.040128			62
OTHER REIMBURSABLE COST CENTERS						
63.50 RHC						63.50
63.60 FQHC						63.60
64 HOME PROGRAM DIALYSIS	99627	14132872	.007049	365731	2578	64
65 AMBULANCE SERVICES						65
101 TOTAL	47320989	2511256024		421303415	6684237	101

PROVIDER NO. 14-0088 UNIVERSITY OF CHICAGO HOSPITAL
 PERIOD FROM 07/01/2008 TO 06/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM

VERSION: 2009.08
 11/24/2009

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS								
25	ADULTS & PEDIATRICS	8556836		8556836	100642	85.02	33565	2853696 25
26	INTENSIVE CARE UNIT	1475740		1475740	19418	76.00	6028	458128 26
27	CORONARY CARE UNIT	458397		458397	4166	110.03	1130	124334 27
28	BURN INTENSIVE CARE UNIT	218911		218911	2646	82.73	587	48563 28
29.01	NURSERY SPECIAL CARE	340097		340097	6670	50.99		29.01
30	NURSERY ICU	1018056		1018056	14083	72.29		30
101	TOTAL	12068037		12068037			41310	3484721 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 3484721

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 6684237

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 10168958

MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13) 7206

MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4) 41310

PER DISCHARGE CAPITAL COSTS 1411.18

PER DIEM CAPITAL COSTS 246.16

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	120218169
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	550894081
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.218

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.000

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	10168958
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.018

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x (WKST B, PART I, COLUMN 27 - COLUMNS 21 & 24 / WKST C, PART I, COLUMN 8) LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66) (SEE CR 5238))	65222119
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	247112944
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.264